

QUARTERLY STATEMENT

**AS OF MARCH 31, 2020** OF THE CONDITION AND AFFAIRS OF THE

## McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	,		NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws	,	Michigan	criouj	, State of Domic	cile or Port of Entry		MI
Country of Domicile		United States of Am	nerica				
Licensed as business type:		& Health[ ] Corporation[ ]	Vision Se	Casualty[ ] rvice Corporation[ ] ederally Qualified? Yes[ ] No	Health N	, Medical & Dental Service or I Maintenance Organization[X]	ndemnity[ ]
Incorporated/Organized		09/12/199	97	Comme	enced Business	08/01/19	998
Statutory Home Office		G-3245 Be	echer Rd.			FLINT, MI, US 48532	
Main Administrative Office		(Street and	Number)		eecher Rd.	City or Town, State, Country and Z	íp Code)
		FLINT, MI, US 48532	2	(Street an	nd Number)	(810)733-9723	
Mail Address	(City or Tov	vn, State, Country and Zip G-3245 Be				(Area Code) (Telephone N FLINT, MI, US 48532	umber)
		(Street and Numb		· · · · · · · · · · · · · · · · · · ·		City or Town, State, Country and Z	ip Code)
Primary Location of Books	and Records				245 Beecher Rd. treet and Number)		
		LINT, MI, US 48532				(810)733-9723	
Internet Web Site Address	(City or Tov	vn, State, Country and Zip www.mclare	Code) enhealthplan.org	1		(Area Code) (Telephone N	umber)
				<u></u>		(0.4.0)=0.0.0=0	
Statutory Statement Contact	ot		L. Hairston Name)			(810)733-9678 (Area Code)(Telephone Number	)(Extension)
	rache	I.hairston@mclaren.or (E-Mail Address)	g			(810)600-7947 (Fax Number)	
	LAKISHA AT	KATI PATI DAV CHE KEV CAR KATI		Assistant Treasur Chairman Assistant Secreta Y D.O. Chief Medical Off	eiry FELISSA JENKINS, EES	Enrollee Representative	
	chigan	NANCY JENKINS PATRICK HAYES			KEVIN TOMPKI DAVE MAZURK		
The officers of this reporting herein described assets wer related exhibits, schedules a reporting entity as of the rep Statement Instructions and a reporting not related to accordescribed officers also inclurenclosed statement. The electric statement in the statement in the second statement i	entity being duly see the absolute pro and explanations the corting period state Accounting Practice unting practices and des the related corectronic filing may be active.  (Signature)  NCY JENKINS  Printed Name)  1.  President  (Title)	perty of the said report nerein contained, anne d above, and of its inc es and Procedures mand procedures, according responding electronic per equested by variou	ting entity, free a xed or referred to ome and deduct inual except to to ing to the best o filing with the NA is regulators in li	and clear from any liens or cla to, is a full and true statement ions therefrom for the period he extent that: (1) state law m f their information, knowledge	aims thereon, except of all the assets an ended, and have being differ; or, (2) that and belief, respect exact copy (exceptlosed statement.	(Signature)  (Signature)  (CHERYL DIE  (Printed Name  3.  Assistant Treasure  (Title)  Yes[X] No[	is statement, together with on and affairs of the said with the NAIC Annual quire differences in e of this attestation by the e to electronic filing) of the
		, . <del>.</del>		Date filed    Number of pages attack			<u> </u>

(Notary Public Signature)

## **ASSETS**

	ASS				
			urrent Statement Da		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds		7100010	(0013. 1 2)	710111111100 7103013
2.	Stocks:				
2.	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:	02,372,017		02,372,017	07,004,093
J.	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
٦.	4.1 Properties occupied by the company (less \$0				
	encumbrances)	1 830 015		1 830 015	1 000 010
	4.2 Properties held for the production of income (less \$0	1,009,010		1,003,013	1,909,010
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
_	,				
5.	Cash (\$(9,720,264)), cash equivalents (\$171,746,997) and	160 006 724		160 006 704	146 206 001
6	short-term investments (\$0)  Contract loans (including \$0 premium notes)				
6.	, , ,				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	269,060		269,060	199,038
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	368,699	97,337	271,362	310,344
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums (\$0) and contracts				
	subject to redetermination (\$0)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	587,957	587,957		61
21.	Furniture and equipment, including health care delivery assets				
	(\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	4,753,057		4,753,057	3,122,175
24.	Health care (\$24,989,677) and other amounts receivable	25,057,081	49,471	25,007,610	17,443,927
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	291,279,603	13,960,696	277,318,906	258,187,114
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)		13.960.696	277.318.906	258.187.114
DETA	ILS OF WRITE-INS				
	INVENTORY				
1	DEFERRED CHARGES EQUIP FEES				
	PREPAID EXPENSES				
4	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALO (15 4404 45 1 4400 1 4400) (1 44 1 1 1	135444271	13.088.443	460,984	1466,370
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
1199. 2501.					
1199. 2501. 2502.					
1199. 2501. 2502. 2503.					

## LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPITAL AND				D: 1/	
		1	Current Period	3	Prior Year 4	
		Covered	Uncovered	Total	Total	
1.	Claims unpaid (less \$0 reinsurance ceded)					
2.	Accrued medical incentive pool and bonus amounts					
3.	Unpaid claims adjustment expenses					
3. 4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio	1,330,020		1,330,020	1,330,020	
4.						
_	rebate per the Public Health Service Act					
5.	Aggregate life policy reserves					
6.	Property/casualty unearned premium reserve					
7.	Aggregate health claim reserves					
8.	Premiums received in advance					
9.	General expenses due or accrued	22,466,208		22,466,208	21,862,765	
10.1	Current federal and foreign income tax payable and interest thereon (including \$0					
	on realized gains (losses))					
10.2	Net deferred tax liability					
11.	Ceded reinsurance premiums payable					
12.	Amounts withheld or retained for the account of others	169,134		169,134	232,776	
13.	Remittances and items not allocated					
14.	Borrowed money (including \$0 current) and interest thereon \$0					
	(including \$0 current)					
15.	Amounts due to parent, subsidiaries and affiliates					
16.	Derivatives					
17.	Payable for securities					
18.	Payable for securities lending					
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0					
13.	unauthorized reinsurers and \$0 certified reinsurers)					
20						
20.	Reinsurance in unauthorized and certified (\$0) companies					
21.	Net adjustments in assets and liabilities due to foreign exchange rates					
22.	Liability for amounts held under uninsured plans					
23.	Aggregate write-ins for other liabilities (including \$0 current)					
24.	Total liabilities (Lines 1 to 23)					
25.	Aggregate write-ins for special surplus funds					
26.	Common capital stock					
27.	Preferred capital stock					
28.	Gross paid in and contributed surplus			1,140,000		
29.	Surplus notes	X X X	X X X			
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X			
31.	Unassigned funds (surplus)	X X X	X X X	151,678,102	148,894,435	
32.	Less treasury stock, at cost:					
	32.1 shares common (value included in Line 26 \$	X X X	X X X			
	32.2 shares preferred (value included in Line 27 \$	X X X	X X X			
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	152,818,102	150,034,435	
34.	Total Liabilities, capital and surplus (Lines 24 and 33)					
	ILS OF WRITE-INS	•		77	, - ,	
2301.						
2302.						
2303.	Summary of remaining write-ins for Line 23 from overflow page					
	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)					
2501.						
2502.		X X X				
2503.						
	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X			
2599. 3001.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		X X X			
3001.						
3003.						
	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X			
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X			

# STATEMENT AS OF March 31, 2020 OF THE MCLAREN HEALTH PLAN, INC STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE		ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. M	lember Months		618,347		
	et premium income (including \$0 non-health premium income)				
	hange in unearned premium reserves and reserves for rate credits				
	ee-for-service (net of \$0 medical expenses)				
	isk revenue				
	ggregate write-ins for other health care related revenues				
•	ggregate write-ins for other non-health revenues		, , ,	, , ,	,
	otal revenues (Lines 2 to 7)				
	and Medical:				
•	ospital/medical benefits		126 586 959	116 811 822	479 008 297
	ther professional services				
	outside referrals				
	mergency room and out-of-area				
	rescription drugs				
	ggregate write-ins for other hospital and medical				
	ncentive pool, withhold adjustments and bonus amounts				
	ubtotal (Lines 9 to 15)				
	autotar (Lines 5 to 15)		170,202,222	102,270,302	004,210,020
Less:			(40,400)	0.400	4 500 047
	et reinsurance recoveries				
	otal hospital and medical (Lines 16 minus 17)				
	on-health claims (net)				
	laims adjustment expenses, including \$0 cost containment expenses				
	ieneral administrative expenses		22,809,890	19,259,748	86,784,934
	ncrease in reserves for life and accident and health contracts (including \$0 increase				
	reserves for life only)				
	otal underwriting deductions (Lines 18 through 22)				
	et underwriting gain or (loss) (Lines 8 minus 23)				
	et investment income earned				
	et realized capital gains (losses) less capital gains tax of \$0				
	et investment gains or (losses) (Lines 25 plus 26)		1,035,517	799,381	3,714,812 
	et gain or (loss) from agents' or premium balances charged off [(amount recovered				
	0) (amount charged off \$0)]				
	ggregate write-ins for other income or expenses				
	et income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	lus 27 plus 28 plus 29)				
	ederal and foreign income taxes incurred				
	et income (loss) (Lines 30 minus 31)	X X X	8,794,572	7,954,658	32,460,072
	IPCA	X X X	(685,109)	(682,721)	(2,692,103)
	ummary of remaining write-ins for Line 6 from overflow page				
	OTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0701		X X X			
0798. Si	ummary of remaining write-ins for Line 7 from overflow page	XXX			
	OTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1403.					
	ummary of remaining write-ins for Line 14 from overflow page				
2901					
	OSS ON SALE OF EQUIPMENT				
	ummary of remaining write-ins for Line 29 from overflow page				
	OTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	150,034,435	115,890,818	115,890,818
34.	Net income or (loss) from Line 32	8,794,572	7,954,658	32,460,072
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	(6,036,587)	188,787	927,445
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	25,682	(1,312,075)	756,101
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,783,667	6,831,370	34,143,617
49. <b>DETAI</b>	Capital and surplus end of reporting period (Line 33 plus 48)	152,818,102	122,722,188	150,034,435
4701. 4702.				
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

## **CASH FLOW**

	CASITILOW			_
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	10 Bate	10 Date	December of
1.	Premiums collected net of reinsurance	209.199.291	191.638.897	790.112.019
2.	Net investment income			
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)			
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
9.				
10	(losses)			
10.	TOTAL (Lines 5 through 9)			
11.	Net cash from operations (Line 4 minus Line 10)	15,173,336	19,237,800	37,157,474
4.0	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			525,815
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	54,205,112		525,815
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks	54,548,868	16,592,035	41,323,208
	13.3 Mortgage loans			
	13.4 Real estate		6,997	6,997
	13.5 Other invested assets			
	13.6 Miscellaneous applications	17,373	82,059	8,393
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	54,566,241	16,681,091	41,338,598
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(361,129)	(16,681,091)	(40,812,783)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	917.020		
17.	16.6 Other cash provided (applied)  Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5		0,012,000	
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			805.673
	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			805,673
17. 18.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5	917,626		805,673
	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)  RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	917,626	3,572,558	
	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)  RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS  Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and	917,626	3,572,558	
18.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)  RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS  Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	917,626 d 15,729,833		(2,849,636)

Q6

	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
				Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other
otal Members at end of:										
. Prior Year	203,039								203,039	
. First Quarter	208,803								208,803	
Second Quarter										
Third Quarter										
Current Year										
. Current Year Member Months	618,347								618,347	
otal Member Ambulatory Encounters for Period:										
Physician	404,553								404,553	
Non-Physician	84,774								84,774	
Total	489,327								489,327	
). Hospital Patient Days Incurred	171,325								171,325	
Number of Inpatient Admissions	19,640								19,640	
2. Health Premiums Written (a)	210,232,078								210,232,078	
3. Life Premiums Direct										
4. Property/Casualty Premiums Written										
5. Health Premiums Earned	210,232,078								210,232,078	
6. Property/Casualty Premiums Earned										
7. Amount Paid for Provision of Health Care Services	163,081,196		(4,438)					355	163,085,279	
8. Amount Incurred for Provision of Health Care										
Services								355	176,286,305	

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...............

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1	2	alysis of Unpaid Clair	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Claims unpaid (Reported)	. oo Bajo	01 00 Bajo	o. oo bayo	01 120 dayo	0101 120 Bayo	1000
Coram Specialty Infusion - Novi					11.995	11,99
Covenant Medical Center - Hospital	72,569				6,892	
EW Sparrow Hospital	117,699	63.645		109.388	83,048	373.78
Fresenius Med Care Lansing Central	46,082					46.08
Gladwin Dialysis	14,247					14,24
Henry Ford Hospital - Detroit	10,583			3.489	1.648	15.71
Hospital Md of Caro Inc	,					14,11
Hurley Medical Center		937	4.946			240,72
1		931	4,940		11.861	11.86
Josip Petani MD Lakeland Regional Medical Center St			022			21,11
McLaren Flint Hospital	,000	1.106	922	13.906	56.292	72,30
	0	59,352	1 160	- ,		
McLaren Greater Lansing	27,/15			83	25,653	113,97
McLaren Lapeer Hospital	70.005				11,719	11,71
McLaren Port Huron	79,005				40.040	79,00
Memorial Hospital & Health					12,216	12,21
Midland Dialysis	19,380					19,38
MidMichigan Medical Center Alpena	4,034	6,082				10,11
MidMichigan Medical Ctr - Gratiot	4,444				6,839	11,28
Novocure Inc	11,340	5,670				28,35
Oakwood Hospital and Medical Ctr	518			16,600		20,24
PDI Grand Rapids	21,913					21,91
RCG Charlotte	39,748					39,74
RCG East Lansing	135,497				52,724	188,22
Riveridge Manor	14,364					14,36
RRC Lapeer	20,825					20,82
RRC Lapeer Home Choice	34,849					34,84
Spectrum Health Hospitals Blodgett	526,292				2,848	1,794,79
St Marys of Michigan - Saginaw	7,770				4,527	12,29
Surgeons Choice Medical Center	10,931	5,331				16,26
U MN Med Ctr Fairview					95,197	95,19
University of Michigan	169,126	484,773	6,394	849	37,138	698,28
VHS/Childrens Hospital of Michigan	847,455					847,45
William Beaumont Hospital Royal Oak	25,028			3,988		29,01
0199999 Individually Listed Claims Unpaid	2,508,030	2,200,663	27,902	148,301	444,135	5,329,03
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	5,214,980	79,607	54,560	1,875	6,839,626	12,190,64
0499999 Subtotals	7,723,009	2,280,270	82,461	150,177	7,283,761	17,519,67
0599999 Unreported claims and other claim reserves						69,187,18
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						86,706,86
07 00000 Total Olalitis Olipalu						00,700,00

### **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					54,428	58,866
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	355		17,428		17,783	17,428
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						73,465,413
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	1,929,687	(1,901,457)	4,276,385	472,110	6,206,072	4,304,615
13.	Totals (Lines 9 - 10 + 11 + 12)	44,063,464	118,573,851	27,464,508	63,990,853	71,527,972	77,770,028

<sup>(</sup>a) Excludes \$.....0 loans or advances to providers not yet expensed.

McLaren Health Plan, Inc. March 31, 2020

#### Note 1 - Summary of Significant Accounting Policies

### A. Accounting Practices

The accompanying statutory financial statements of McLaren Health Plan, Inc. (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services ("DIFS").

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending March 31, 2020 and December 31, 2019 is as follows:

	Description	SSAP	F/S Page	F/S Line #	State of Domicile	2020	2019
Net Income							
	State Basis	xxx	XXX	XXX	MI	8,794,572	32,460,072
	State Prescribed Practices that increase/(decrease) NAIC SAP						
	State Permitted Practices that increase/(decrease) NAIC SAP						
4	NAIC SAP	XXX	XXX	XXX	MI	8,794,572	32,460,072
Surplus							
į	5 State Basis	xxx	XXX	XXX	MI	152,818,102	150,034,435
(	State Prescribed Practices that increase/(decrease) NAIC SAP						
	7 State Permitted Practices that increase/(decrease) NAIC SAP						
8	NAIC SAP	XXX	XXX	XXX	MI	152,818,102	150,034,435

## B. Use of Estimates in the Preparation of the Financial Statements No change

## C. Accounting Policy No change

### D. Going Concern

Management has evaluated McLaren Health Plan's ability to continue as a going concern and has no substantial doubt about McLaren Health Plan's ability to continue as a going concern.

### Note 2 - Accounting Changes and Corrections of Errors: No change

## Note 3 - Business Combinations and Goodwill No change

### Note 4 - Discontinued Operations

No change

#### Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: None

B. Debt Restructuring: None

C. Reverse Mortgage: None

- D. Loan Backed Securities: None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- H. Repurchase Agreements Transactions Accounted for as a Sale: None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None
- J. Real Estate: None
- K. Low-Income Housing Tax Credits (LIHTC): None
- L. Restricted Assets:

	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrea se) (1 minue 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
C.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts  Letter stock or securities restricted as to							
h.	sale							
i.	FHLB capital stock							
j.	On deposit with states							
k.	On deposit with other regulatory bodies	1,279,248	1,274,621	4,628	0.00	1,279,248	0.439	0.461
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
0.	Total Restricted Assets	1,279,248	1,274,621	4,628	0.00	1,279,248	0.439	0.461

- M. Working Capital Finance Investments: None
- N. Offsetting and Netting of Assets and Liabilities: None
- O. 5GI Securities: None
- P. Short Sales: None
- Q. Prepayment Penalty and Acceleration Fees: None

## Note 6 - Joint Ventures, Partnerships and Limited Liability Companies No change

### Note 7 - Investment Income

No Change

### Note 8 - Derivative Investments

No change

### Note 9 - Income Taxes

No change

### Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship: No changeB. Description of transactions: No change

- C. Amount of transactions: No change
- D. Due from Affiliates: \$4,753,057 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliates: \$6,520,181 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.

- E. Guarantees or undertakings: No change
- F. Management & Service Agreements:

### (1) McLaren Health Plan and McLaren Health Care Corporation:

There are the following agreements between the companies.

- The Management Agreement states McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for January March 2020 = \$2,174,348.
- The Service Agreement states McLaren Health Care Corporation agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to McLaren Health Plan.
- The Management Agreement states McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Care Corporation. Amount for January March 2020 = \$257,500

## (2) McLaren Health Plan and McLaren Regional Medical Center, DBA McLaren Flint:

MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January – March 2020 = \$2,680.

### (3) McLaren Health Plan and Health Advantage:

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to Health Advantage. Amount for January – March 2020 = \$2,771,275.

### (4) McLaren Health Plan and McLaren Health Plan Community:

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to MHPC. Amount for January – March 2020 = \$1,259,796.

### (5) McLaren Health Plan and McLaren Integrated HMO Group:

McLaren Integrated HMO Group and McLaren Health Plan entered into a services agreement effective 12/22/19. McLaren Integrated HMO Group agrees to provide McLaren Health Plan administrative services and lease personnel. McLaren Integrated HMO Group may purchase from McLaren Health Plan certain administrative services.

- G. Nature of Control Relationship: No change
- H. Upstream/downstream activity: No change
- I. Investment in SCA: No change
- J. Investments in impaired SCA: No change
- K. Investment in foreign insurance subsidiary: No change
- L. Investment in downstream noninsurance holding company: No change

#### M. All SCA Investments:

#### (1) Balance Sheet Value

	Percentage of			Nonadmitted
SCA Entity	SCA Ownership	Gross Amount	Admitted Amount	Amount
b. SSAP No. 97 8b(ii) Entities				
Health Advantage	100%	\$ 4,257,091	\$ 4,257,091	\$ -

### (2) No change

N. Investment in Insurance SCAs: No change

O. SCA Loss Tracking: No change

Note 11 – Debt: None

# Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans No change

## Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations No change

## Note 14 - Liabilities, Contingencies and Assessments No change

Note 15 – Leases

No change

# Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: No change

## Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities: No change

## Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

### A. ASO plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	0	0	0
b. Total net other income or expenses (including interest paid to or received from plans)	0	0	0
c. Net gain or (loss) from operations	0	0	0
d. Total claim payment volume	68,161,712	0	68,161,712

### $B.\ ASC\ plans-N/A$

C. Medicare or similarly structured cost based reimbursed contracts – N/A

## Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: None

#### Note 20 - Fair Value Measurement

### A. Fair Value Measurements at Reporting Date

Accounting standards require certain assets and liabilities be reported or disclosed at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following table presents information about the Plan's assets and liabilities measured at fair value at March 31, 2020, and the valuation techniques used by the Plan to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active market for identical assets or liabilities that the Plan has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

	Assets measured or disclo	sed at Fair Value a	nt March 31, 2020	
	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-term Investments	\$162,026,734			\$162,026,734
Mutual funds - Industrial and miscellaneous	\$64,270,938			\$64,270,938
Total	\$226,297,672			\$226,297,672
	Assets measured or disclo	sed at Fair Value a	at December 31, 2019	
	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-term Investments	\$146,296,901			\$146,296,901
Mutual funds - Industrial and miscellaneous	\$67,434,208			\$67,434,208
Total	\$213,731,109			\$213,731,109

The following summarizes the valuation methodology used in determining fair value measurements of significant classes of the Plan's financial instruments:

#### Level 1 Measurements

Cash and Cash Equivalents – the fair value of cash is the Plan's reported cash balances.

Short-term Investments – None.

Mutual Funds – the fair value of these stocks and funds is based upon the unadjusted quoted prices for the identical security in active markets that the Plan can access.

- B. Fair Value information under SSAP No. 100 combined with Fair Value information under other accounting pronouncements: None
- C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Cash, Cash Equivalents, and Short-term Investments	\$162,026,734	\$162,026,734	\$162,026,734			
Mutual funds - Industrial and miscellaneous	\$64,270,938	\$64,270,938	\$64.270.938			
	***************************************		¥* 1,= 1 0,000			

D. Not Practicable to Estimate Fair Value: NoneE. Investments Measured Using NAV: None

#### Level 2 Measurements

Bonds - None

### Note 21 - Other Items

- A. Unusual or Infrequent Items: None
- B. Troubled Debt Restructuring: Debtors: None
- C. Other Disclosures and Unusual Items: Cash equivalents in the amount of \$1,279,248 as of 3/31/2020 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.
- D. Business Interruption Insurance Recoveries: None
- E. State Transferable Tax Credits: None
- F. Subprime Mortgage Related Risk Exposure: None
- G. Retained Assets: None
- H. Insurance-Linked Securities (ILS) Contracts: None
- I. Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy: None

#### Note 22 - Events Subsequent:

The coronavirus (COVID-19) pandemic is causing widespread impact nationwide. The health plan is in the process of evaluating the overall financial impact of current events related to the COVID-19 pandemic. The pandemic will have an impact far into the future. McLaren is consistently looking at each company's solvency and liquidity position and future projections.

### Note 23 – Reinsurance

No change

### Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Medicare Advantage: The Plan had retrospective premiums based on members risk score adjustments submitted to CMS.
- B. The Plan records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Plan at March 31, 2020 that are subject to retrospective rating features was \$-0-.
- D. Medical loss rebates required pursuant to the Public Health Service Act –The Plan is required to refund premiums to subscribers to the extent medical loss ratios fall short of those specified percentages as directed by the Affordable Care Act.

Effective March 31, 2020, the Plan estimated that no amounts will be paid out and no accrual has been recorded as of March 31, 2020.

- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
  - Risk adjustment program Premium adjustments pursuant to the risk adjustment program will be based on the risk scores (health status) of enrollees participating in risk adjustment covered plans, rather than the actual loss experience of the insured. Risk adjustment receivables or payables are estimated based on experience to date and determinations of the Plan's risk score versus the overall market risk score. These amounts represent the estimated amounts receivable or payable for both individual and small group populations, and are based on general demographic data and health status of these populations and data assumptions regarding the general health status of the overall market for which there is limited data. For 2020, the Plan did not write any accident and health insurance premium.
  - Risk corridors The risk corridors program is effective for benefit years beginning in 2015 through 2016. The purpose of the program is to provide limitations on issuer losses and gains for qualified health plans through additional protection against initial pricing risk. The program creates a mechanism for sharing the risk for allowable costs between the federal government and the qualified health plan issuers. Although the risk corridors program provides protection against extreme bounds of experience, there is a substantial corridor in which all variance in experience directly affects the loss experience of the Plan. For the 2014 year, the Plan only received 12.6% of the estimated risk corridor receivable from CMS due to a shortfall of the program's funding. The Plan has concluded to write-off anything above the 12.6% to premium. For 2015, the Plan has recorded an estimated receivable of \$5,523,611, but has decided to non-admit the entire receivable based upon the overall shortfall for the program. For 2016, the plan has recorded an estimated receivable of \$781,058, but has decided to non-admit the entire receivable based upon the overall shortfall for the program.
    - 1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions No
    - 2. Impact of Risk-sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year: None.

3.

			RO	LL-FOR	W	ARD OF F	PRIC	OR YE	AR	ACA RISI	K-:	SHARIN	GΙ	PROVISIO	NS					
		rued During less Written 31 of the	Befor	re December	Ye	eived or Paid a ar on Business December 31 of t	Writte	en Before		Differe	nce	8		A	djustments			Unsettled Balan Reporting		f the
										or Year Accrued ess Payments (Col 1 - 3)	A	Prior Year ecrued Less Payments (Col 2-4)		To Prior Year Balances	To Prior Year Balances		fr	mulative Balance rom Prior Years (Col 1 - 3 +7)	Balan Prior	ulative ace from r Years 2 - 4 + 8)
		1		2		3		4		5		6		7	8			9		10
	Re	ceivable	(	Payable)		Receivable	(F	Payable)		Receivable		(Payable)		Receivable	(Payable)	Ref		Receivable	(Pay	yable)
Permanent ACA Risk Adjustment Program																				
Premium adjustments receivable	\$	-			\$	-	\$	-	\$	-	\$	-	\$	-		A	\$	-	\$	-
Premium adjustments (payable)			\$	-	\$	-	\$	-	\$	-	\$	-			\$ -	В	\$	-	\$	-
Subtotal ACA Permanent Risk																				
Adjustment Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -		\$	-	\$	-
Transitional ACA Reinsurance Program									<u> </u>				_				4—			
Amounts recoverable for claims paid	\$	-			\$	-			\$	-	\$	-	\$	-		C	\$	-	\$	-
Amounts recoverable for claims unpaid (contra liability)									\$	-	\$	-				D	\$	-	\$	-
Amounts receivable relating to																				
uninsured plans									\$	-	\$	-				E	\$	-	\$	-
Liabilities for contributions payable due to ACA Reinsurance - not																				
reported as ceded premium			\$	-			\$	-	\$	-	\$	-				F	\$	-	\$	-
																		-		
Ceded reinsurance premiums payable Liability for amounts held under	_								\$	-	\$		<u> </u>			G	\$	-	\$	-
uninsured plans							l		s	_	s					н		_	e	
Subtotal ACA Transitional	<b>+</b>				$\vdash$		<del>                                     </del>		٩	-	٠	-	$\vdash$			n	٠	-	Ψ	
Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -		\$	-	\$	-
Temporary ACA Risk Corridors Program									Ī		İ		Г							
Accrued retrospective premium	\$	6,304,669	\$	-	\$	-			\$	6,304,669	\$	-	\$	-		I	\$	6,304,669	\$	-
Reserve for rate credit or policy experience rating refunds									\$	-	\$	_	s	-	s -	J	\$	-	\$	_
Subtotal ACA Risk Corridors Program	s .	6,304,669	\$	-	\$	-	\$	-	\$	6,304,669	\$	-	\$	-	\$ -		\$	6,304,669	\$	-
Total for ACA Risk Sharing Provisions	s	6,304,669	s		s	_	s		s	6,304,669	s		S	_	s -		s	6,304,669	S	

## 4. Roll-Forward of Risk Corridors Asset and Liability Balances by Program\_Benefit Year

Risk Corridors Program Year	on Busine	ess Wr	he Prior Year itten Before he Prior Year	Received or the Curren Business Wr December 31 Ye.	t Year on itten Before of the Prior		Differe Prior Year	F	Prior Year	A	djustments To Prior			Cumulative
							Payments (Col 1 - 3)	P		To Prior Year Balances	Year Balances		Prior Years (Col 1 - 3 +7)	Prior Years (Col 2 - 4 + 8)
	1		2	3	4		5		6	7	8		9	10
	Receivab	ole	(Payable)	Receivable	(Payable)	]	Receivable	(	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014														
1. Accrued retrospective premium				\$ -		\$	-	\$	-	\$ -			\$ -	
Reserve for rate credits or policy experience rating refunds						\$	-	\$						
b. 2015														
1. Accrued retrospective premium	\$ 5,52	3,611				\$	5,523,611	\$	-				\$ 5,523,611	
Reserve for rate credits or policy experience rating refunds						\$	-	\$						
c. 2016														
Accrued retrospective premium	\$ 78	1,058				\$	781,058	\$	_				\$ 781,058	
2. Reserve for rate credits or policy														
experience rating refunds	-					\$	-	\$	-					
d. Total for Risk Corridors	\$ 6,30	4,668	\$ -	\$ -	\$ -	\$	6,304,668	\$	_	\$ -	\$ -	\$ -	\$ 6,304,668	\$ -

### 5. ACA Risk Corridors Receivable as of Reporting Date

	Estimat	ed Amount	Non-Ac	crued								
	to be Fi	led or Final	Amount	s for			Asse	et Balance				
Risk Corridors	amount	Filed with	Impairm	ent or	Amoun	ts received	(Gro	ss of Non-	Non-	-Admitted	Net Admit	ted
Program Year	CMS		Other R	easons	from Cl	MS	admi	issions)	Amo	ount	Asset	
2014	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
2015	\$	5,523,611	\$	-	\$	-	\$	5,523,611	\$	5,523,611	\$	-
2016	\$	781,058	\$	-	\$	-	\$	781,058	\$	781,058	\$	-
Total	\$	6,304,668	\$	-	\$	-	\$	6,304,668	\$	6,304,668	\$	-

### Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

An enrolled actuary has determined the estimated reserve for claims incurred but not reported. Although management believes that the provision for unpaid claims is adequate, no assurance can be given that the ultimate settlement of these liabilities may not be greater or less than such estimates. Any future adjustments to these amounts will affect the reported results of future periods.

### Note 26 - Intercompany Pooling Arrangements:

No change

### Note 27 - Structured Settlements:

No change

### Note 28 - Health Care Receivables

The Plan has no accounts receivable for pharmaceutical rebates.

### A. Pharmacy rebates received were as follows:

		Estimated		Actual	Actual	Actual	
		pharmacy	Pharmacy	rebates	rebates	rebates	
*Section		rebates	rebates as	received <=	received 91 -	received >	Total
ID	Quarter	reported	billed	90 days	180 days	180 days	Received
01	03/31/20						
01	12/31/19						
01	09/30/19			99,927			99,927
01	06/30/19			1,017,064			1,017,064
01	03/31/19			511,699			511,699
01	12/31/18				931,357		931,357
01	09/30/18				772,633	195,476	968,109
01	06/30/18				174,908	841,524	1,016,432
01	03/31/18				39,141	885,570	924,710
01	12/31/17	702124.67	702,124.67			689,994	689,994
01	09/30/17					703,111	703,111
01	06/30/17					628,776	628,776

B. Risk Sharing Receivables –See note 24.

Note 29 - Participating Policies: None

### Note 30- Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves: None
- 2. Date of the most recent evaluation of this liability: December 31, 2019
- 3. Was anticipated investment income utilized in the calculation? No

Note 31 - Anticipated Salvage and Subrogation: None

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as require	atity experience any material transed by the Model Act? rt been filed with the domiciliary s		Disclosure of M	laterial Transactior	s with the Stat	e of	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]		
	•	en made during the year of this s		vs. articles of in	corporation, or dee	ed of settlemer	t of the			
	reporting entity? If yes, date of change		,,, <b>,</b>					Yes[] No[X]		
	Is the reporting enti an insurer?	ty a member of an Insurance Holo Schedule Y, Parts 1 and 1A.	ding Company System consis	ting of two or m	ore affiliated perso	ons, one or mo	re of which is	Yes[X] No[ ]		
3.2 3.3	Have there been ar	ny substantial changes in the orga .2 is yes, provide a brief description	nizational chart since the prion of those changes:	r quarter end?				Yes[] No[X]		
3.4	Is the reporting enti	ty publicly traded or a member of .4 is yes, provide the CIK (Centra	a publicly traded group?	ne SEC for the	entity/group.			Yes[] No[X]		
4.1	Has the reporting e	ntity been a party to a merger or o	consolidation during the period	d covered by th	is statement?			Yes[] No[X]		
	If yes, complete and If yes, provide the r	d file the merger history data file value of entity, NAIC Company Conference of the merger or consolidation.	vith the NAIC.			any entity that	has ceased			
		1			2	01.1	3			
		Name of	Entity	NAIC C	ompany Code	State	of Domicile	_		
	<u>_ :</u>							···		
5.	If the reporting entit or similar agreemer If yes, attach an ex	y is subject to a management agr nt, have there been any significan olanation.	eement, including third-party to the terms	administrator(s s of the agreem	), managing genera ent or principals in	al agent(s), atto volved?	orney-in-fact,	Yes[] No[] N/A[X]		
6.1 6.2	State as of what da	te the latest financial examination that the latest financial examinat	of the reporting entity was maion report became available fi	ade or is being	made. tate of domicile or	the reporting e	entity. This	12/31/2019		
	date should be the State as of what da	date of the examined balance she te the latest financial examination	eet and not the date the report report became available to o	was completed the states or the	d or released. ne public from eithe	er the state of o	lomicile or	12/31/2015		
	date).	This is the release date or compl	etion date of the examination	report and not	the date of the exa	mination (bala	nce sheet	03/21/2017		
	Michigan Departme	By what department or departments? Michigan Department of Insurance and Financial Services								
	filed with Departmer	atement adjustments within the lants?  The state of the lants within the latest finations within the latest finations.	•			quent financiai	statement	Yes[X] No[ ] N/A[ ] Yes[X] No[ ] N/A[ ]		
		entity had any Certificates of Author	•	·		f applicable) si	uspended or	res[A] NO[ ] N/A[ ]		
	revoked by any gov If yes, give full infor	ernmental entity during the report	ing period?	(	o. a.o . og.o ao, .	. арриоаа.с, с.	.оронава в	Yes[] No[X]		
		ubsidiary of a bank holding compa		Reserve Board'	?			Yes[] No[X]		
8.3	Is the company affil If response to 8.3 is regulatory services	s yes, please identify the name of iated with one or more banks, thread yes, please provide below the nagency [i.e. the Federal Reserve ion (FDIC) and the Securities Exc	ifts or securities firms? ames and location (city and st Board (FRB), the Office of the	e Comptroller o	f the Currency (OC	C), the Federa	ıl Deposit	Yes[ ] No[X]		
		1	2	3	4	5	6	]		
		Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC	_		
				No	No	No	No			
9.1	similar functions) of	ers (principal executive officer, pri the reporting entity subject to a c nical conduct, including the ethica	ode of ethics, which includes	the following st	andards?			Yes[X] No[]		
	<ul><li>(b) Full, fair, accur</li><li>(c) Compliance wi</li><li>(d) The prompt int</li><li>(e) Accountability</li></ul>	ate, timely and understandable di th applicable governmental laws, ernal reporting of violations to an for adherence to the code.	rules and regulations;	•	•	ting entity;				
9.2	Has the code of et	9.1 is No, please explain: hics for senior managers been ar	nended?					Yes[] No[X]		
9.3	Have any provisio	9.2 is Yes, provide information related the code of ethics been wait	ed for any of the specified of	ficers?				Yes[] No[X]		
9.3	1 If the response to	9.3 is Yes, provide the nature of a	iny waiver(s).							
			EINIA	NCIAL						
10. 10.	1 Does the reporting 2 If yes, indicate any	entity report any amounts due from parent	om parent, subsidiaries or affi	liates on Page	2 of this statement	?		Yes[X] No[ ] \$4,753,057		
44 -	1 Word any of the	rooke handa arathart(1)		STMENT	n agraementt	honuico ====l-	ovojloblo for			
	use by another pe	ocks, bonds, or other assets of the rson? (Exclude securities under so d complete information relating the	ecurities lending agreements	.)	ıı ayıeement, or ot	nerwise made	avaliable 10f	Yes[X] No[]		
1 1.4	Cash Equivalents i Services.	nclude an amount (\$1,279,249) h	eld in a safekeeping trust acc	ount with the S	tate of Michigan as	required by th	e Department of	Insurance & Financial		
12.		ate and mortgages held in other i	nvested assets in Schedule B	SA:				\$0		
		ate and mortgages held in short-t						\$0		

## **GENERAL INTERROGATORIES (Continued)**

#### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[X] No[]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		18,301,079
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	20,450,184	18,301,079
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[ ] No[X] Yes[ ] No[ ] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1	2
Name of Firm or Individual	Affiliation
Cheryl Diehl, Assistant Treasurer/CFO	1

For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e.

Yes[] No[X]

designated with a "U") manage more than 10% of the reporting entity's invested assets?

7.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information 17.5098

Yes[] No[X]

17.6 for the table below.

1	2	3	4	5
Central Registration		Legal Entity	Registered	Investment Management
Depository Number	Name of Firm or Individual	Identifier (LEI)	With	Agreement (IMA) Filed

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL

security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments

The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security: a. The security was purchased prior to January 1, 2018.

19.

STATEMENT AS OF March 31, 2020 OF THE MCLAREN HEALTH PLAN, INC

- Beneral International States (Continued)

  b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

  c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

  d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

  Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

- By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

b.

The shares were purchased prior to January 1, 2019.
The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. C.

The fund only or predominantly holds bonds in its portfolio.
The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO. e.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

## **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

<ol> <li>Operating Percentages:</li> <li>1.1 A&amp;H loss percent</li> <li>1.2 A&amp;H cost containment percent</li> <li>1.3 A&amp;H expense percent excluding cost containment expenses</li> </ol>	84.410% 0.180% 11.680%
<ul> <li>2.1 Do you act as a custodian for health savings accounts?</li> <li>2.2 If yes, please provide the amount of custodial funds held as of the reporting date.</li> <li>2.3 Do you act as an administrator for health savings accounts?</li> <li>2.4 If yes, please provide the balance of the funds administered as of the reporting date.</li> </ul>	Yes[] No[X] \$0 Yes[] No[X] \$0
<ul><li>3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?</li><li>3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?</li></ul>	Yes[] No[X] Yes[] No[X]

## **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date** 

grand and the state of the stat													
1 2		3	4	5	6	7	8	9	10				
NAIC					Type of	Type of		Certified	Effective Date				
Company ID		Effective		Domiciliary	Reinsurance	Business	Type of	Reinsurer Rating	of Certified				
Code Number		Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating				
Accident and Health - Affiliate	eş												
11835	04-1590940	P/	ARTNERRE AMER INS CO	DE	SSL/I	SLEL	Authorized	1	01/01/2020				

## **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

**Current Year to Date - Allocated by States and Territories** 

	Direct Business Only												
		1	2	3	4	Direct Busii	ness Only 6	7	8	9			
		'	2	3	4	Federal	Life and Annuity	'	0	9			
		Active	Accident and			Employees Health	Premiums	Property/	Total				
		Status	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type			
	State, Etc.	(a)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts			
1.	Alabama (AL)												
2.	Alaska (AK)	N											
3.	Arizona (AZ)												
4.	Arkansas (AR)	N											
5.	California (CA)	N											
6.	Colorado (CO)												
7.	Connecticut (CT)												
8.	Delaware (DE)												
9.	District of Columbia (DC)	N											
10.	Florida (FL)												
11. 12.	Georgia (GA)												
13.	Idaho (ID)												
14.	Illinois (IL)												
15.	Indiana (IN)												
16.	lowa (IA)												
17.	Kansas (KS)												
18.	Kentucky (KY)												
19.	Louisiana (LA)	N											
20.	Maine (ME)	N											
21.	Maryland (MD)	N											
22.	Massachusetts (MA)	N											
23.	Michigan (MI)				. 210,232,078				. 210,232,078				
24.	Minnesota (MN)	N											
25.	Mississippi (MS)	N											
26.	Missouri (MO)												
27.	Montana (MT)												
28.	Nebraska (NE)	N											
29. 30.	Nevada (NV)												
31.	New Jersey (NJ)												
32.	New Mexico (NM)												
33.	New York (NY)	N N											
34.	North Carolina (NC)	N											
35.	North Dakota (ND)												
36.	Ohio (OH)												
37.	Oklahoma (OK)												
38.	Oregon (OR)	N											
39.	Pennsylvania (PA)												
40.	Rhode Island (RI)	N											
41.	South Carolina (SC)												
42.	South Dakota (SD)												
43.	Tennessee (TN)												
44.	Texas (TX)												
45.	Utah (UT) Vermont (VT)												
46. 47.	Virginia (VA)												
47.	Washington (WA)												
49.	West Virginia (WV)	N											
50.	Wisconsin (WI)	N					I						
51.	Wyoming (WY)												
52.	American Samoa (AS)												
53.	Guam (GU)												
54.	Puerto Rico (PR)												
55.	U.S. Virgin Islands (VI)	N											
56.	Northern Mariana Islands (MP)	N											
57.	Canada (CAN)												
58.	Aggregate other alien (OT)												
59.	Subtotal	. XXX.			. 210,232,078				. 210,232,078				
60.	Reporting entity contributions for												
	Employee Benefit Plans	·			040 000 070				040 000 070				
61.	Total (Direct Business)	. XXX.			. 210,232,078				. 210,232,078				
	LS OF WRITE-INS	VVV		1			1	1	T				
58001.		. X X X .											
58002. 58003.		. XXX.											
	Summary of remaining write-ins for	. ^ ^ .											
50330.	Line 58 from overflow page	. xxx.											
58999	TOTALS (Lines 58001 through												
	58003 plus 58998) (Line 58 above)	x x x .											
L	A) Active Status Counts:			1			1	1	1				

(a) Activ	e Status	Counts:

R Registered - Non-domiciled RRGs
Q Qualified - Qualified or accredited reinsurer

56

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

#### **McLaren Health Care Corporation**

# MEMBERS OF A HOLDING COMPANY GROUP MCLaren HART

	HEALTH CARE																		
McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	Karmanos	McLaren Port	McLaren	McLaren Health	McLaren High	McLaren	McLaren	McLaren I	ntegrated HM0	O Group	McLaren
Health Care	Greater	Northern	Bay Region	Central	Macomb	Oakland	Flint	Lapeer	Cancer	Huron	Medical	Management	Performance	Insurance	Thumb	82-4	449304 [MI]100	0%	Caro
38-2397643	Lansing	Michigan	38-1976271	Michigan	38-1218516	38-1428164	38-2383119	38-2689033	Institute	38-1369611	Group	Group	Network	Company LTD	Region				Region
[MI] 100%	38-1434090	38-2146751	[MI] 100%	38-1420304	[MI] 100%	[MI] 100%	[MI] 100%	[MI] 100%	38-1613280	[MI] 100%	38-2988086	38-3491714	81-2692784	[CYM] 100%	38-1474929				38-3426063
	[MI] 100%	[MI] 100%		[MI] 100%					[MI] 100%		[MI] 100%	[MI] 100%	[MI] 100%		[MI] 100%				[MI] 100%
McLaren	McLaren	McLaren	McLaren	Meridian	McLaren	McLaren	McLaren	McLaren	Karmanos	McLaren Port	Mid-	Hospice and				McLaren	MDWise, Inc	MDWise	McLaren
Healthcare	Lansing	Northern	Bay Special	Ventures	Macomb	Riley	Flint	Lapeer	Cancer	Huron	Michigan	Homecare				Health Plan	35-1931354	Medicaid	Caro
Village	Foundation	Michigan	Care	38-3226022	Foundation		Foundation		Center	Foundation	Physicians	Foundation				38-3252216	[IN] 100%	Network	Region
26-2693350		Foundation	38-3161753	[MI] 100%	38-2578873	1	38-1358053		20-1649466		38-3267121	46-3643089				[MI] 100%	Group Code:		
[MI] 100%	[MI] 100%	38-2445611	[MI] 100%		[MI] 100%	[MI] 100%	[MI] 100%	[MI] 100%	[MI] 100%	[MI] 100%	[MI] 100%	[MI] 100%				Group Code:	4700	[IN] 100%	
		[MI] 100%														4700	NAIC: 95807		[MI] 100%
	<u> </u>												J			NAIC: 95562	<u> </u>		
Great Lakes		VitalCare, Inc	McLaren			McLaren	McLaren		Michigan	Marwood						McLaren			ССН
Cancer		38-2527255	Bay Medical			Physician	Hospitality		Cancer	Manor						Health Plan			Holdings
Institute		[MI] 100%	Foundation			Partners	House		Society	Nursing						Community			Inc
38-3584572			38-2156534			1	45-5567669		38-2823451	38-2683251						27-2204037			81-3487385
[MI] 100%			[MI] 100%			[MI] 100%	[MI] 100%		[MI] 100%	[MI] 100%						[MI] 100%			[MI] 100%
																Group Code:			
																4700			
	J															NAIC: 14217	ļ		
		NMI Medical				Hospital			Delphinus	Parkview						McLaren	1		
		Management				Health			Investments	Property						Health			
		20-8458840				Care			Inc	Management						Advantage			
		[MI] 100%				38-2643070			45-4758176	38-2467310						91-214720			
			]			[MI] 100%			[MI] 100%	[MI] 100%						[MI] 100%	]		
		NMI	1							Willow									
		Hematology/								Enterprises									
		Oncology								38-2491659									
		32-0020293								[MI] 100%									
		[MI] 100%																	

Cardiac Institute 26-2774689 [MI] 100%

Charlevoix Nursing Home 38-3038683 [MI] 100%

Rapin & Rapin Prescription Services Pharmacy 38-3465261 [MI] 100%

# SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

PARI 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16														
1	2	3	4	5	6 7	8	9	10	11	12	13	14	15	16
					Name of				Directly	Type of Control				
					Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC			Exchange	Parent.	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		any	ID	FEDERAL	Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Craun Nama		Number	RSSD	,	Affiliates		Entity	· ·	Influence, Other)		/ Person(s)	(Y/N)	*
Code	Group Name	Code	Number	KOOD	CIK or International)	1	tion	· '	Person)	iniliuence, Other)	Percentage	/ Person(s)	( f /N)	
			38-2397643 .			McLaren HealthCare Corp	MI .	UDP .					N	
		.   00000	26-2693350 .			McLaren HealthCare Village	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care	N.	
		00000	38-3584572 .			Great Lakes Cancer Institute	l MI.	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		.   00000	30-3304372			Great Lakes Garicer Institute	۱۷۱۱ .	NIA	Wocaren Fleatthoare Corp	Ownership	100.0	Corporation	N	
		. 00000	38-1613280 .			Karmanos Cancer Institute	MI.	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care		
									'	'		Corporation	N	
		. 00000	20-1649466 .			Karmanos Cancer Center	MI .	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care		
		00000	20 2022454			Mishings Consess Conint.		NII A	Karrana Carana lastituta	O	100.0	Corporation	N	
		.   00000	38-2823451 .			Michigan Cancer Society	MI .	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-4758176 .			Delphinus Investments Inc.	l MI.	NIA	Karmanos Cancer Institute	Ownership	100 0	McLaren Health Care	IN	
		.   00000	100170.			Belphina investments inc.		141/	Trainer of Garder modules	Owneromp	100.0	Corporation	N	1
		. 00000	38-2156534 .			Bay Medical Foundation	MI .	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care		
												Corporation	N	
		.   00000	38-1976271 .			Bay Regional Medical Center DBA					400.0	McLaren Health Care		
		00000	38-3161753 .			McLaren Bay Region	MI .	NIA	McLaren HealthCare Corp Bay Regional Medical Center DBA McLaren	Ownership	100.0	Corporation	N	
o		.   00000	30-3101733 .			Bay Special Care Hospital	IVII .	NIA	Bay Region	Ownership	100.0	Corporation	N	
조		00000	38-1420304 .			Central Michigan Community Hosital			Buy region	Owneromp	100.0	McLaren Health Care		
ייייין מ						DBA McLaren Central Michigan	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		. 00000	38-3226022 .			Meridian Ventures, Inc.	MI .	NIA	Central Michigan Community Hosital DBA	·		McLaren Health Care		
		00000	00 4404000						McLaren Central Michigan	Ownership	100.0	Corporation	N	
		.   00000	38-1434090 .			Ingham Regional Medical Center DBA McLaren Greater Lansing	MI.	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637 .			McLaren Lansing Foundation	MI .	NIA	Ingham Regional Medical Center DBA	Ownership	100.0	McLaren Health Care	N	
		.   00000	00 2400007 .			I Wickard Editioning Foundation	1411	141/	McLaren Greater Lansing	Ownership	100.0	Corporation	N	1
		. 00000	38-2146751.			McLaren Northern Michigan	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care		
												Corporation	N	
		.   00000	38-2445611 .			McLaren Norther MI Foundation	MI .	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care	N.	
		00000	38-2527255 .			VitalCare, Inc.	l MI.	NIA	McLaren Northern Michigan	Ownership	100.0	Corporation	N	
		.   00000	30-2321233 .			VitalOale, IIIC.	IVII .	NIA	Wichard Northern Michigan	Ownership	100.0	Corporation	l N	
		. 00000	20-8458840 .			NMI Medical Management	MI .	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care		
						, and the second			, and the second	'		Corporation	N	
		.   00000	32-0020293 .			NMI Hematology/Oncology	MI .	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care		
		00000	26-2774689 .			Cordina Institute	MI.	NIA	Mal aran Northam Mighten	Ownership	100.0	Corporation	N	[ ]
		.   00000	20-2774089 .			Cardiac Institute	IVII .	NIA	McLaren Northern Michigan	Ownership	100.0	Corporation	N	
		00000	38-3038683 .			Charlevoix Nursing Home	l MI.	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care	1	
											100.0	Corporation	N	[
		. 00000	38-3465261 .			. Rapin & Rapin Prescription Services						McLaren Health Care		
		00000	00.4040=45			Pharmacy	MI .	NIA	McLaren Northern Michigan	Ownership	100.0		N	
		.   00000	38-1218516 .			McLaren Macomb	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care	N.	
		00000	38-2578873 .			McLaren Macomb Foundation	l <sub>MI</sub>	NIA	McLaren Macomb	Ownership	100.0	Corporation	N	
		. 00000	00-2010013.			WIGE ALOT WIGGOTTED TOUTING WIGHT	IVII .	NIA	Wide aron wide of the	Ownorship	100.0	Corporation	N	[
		. 00000	38-1428164 .			Pontiac Osteopathic Hospital DBA						McLaren Health Care		
						McLaren Oakland	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		.   00000	20-0442217 .			McLaren Riley Foundation	MI .	NIA	Pontiac Osteopathic Hospital DBA McLaren	<u> </u>		McLaren Health Care		
				1					Oakland	Ownership	100.0	Corporation	N	

## SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	PARI 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM  1														
Name   Name   Parent	1	2	3	4	5	6 7	8	9	10	11	12	13	14	15	16
Name   Name   Parent						Name of				Directly	Type of Control				į ,
MAC   Composition   Composit						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
Composition			NAIC				Parent,	Domic-	ship to		1 ' ' ' '	is	Ultimate	SCA	
Page							,			T	1	Ownership	Controlling		
Code   Coup Name   Code   Aument   RSSD   Colt   or International   Million   Millio	Group			חו	FEDERAL			1 -					•	, · · · ·	
		Group Name	,			,	-			,	, ,		, ,	' '	*
March   Marc	0000	Group rearrie			TOOD	On on international)	****			,	minderice, Other)	r crocinage	\ /	(1/14)	
Modure Preprint   Modure Pre			.   00000	30-2043070 .			Triospital rieditii Gale	IVII .	NIA		Ownorchin	100.0		N I	
Mail			00000	38-3136458			McI aren Physician Partners	М	NΙΔ					IN	
Modular   Modu			.   00000	00 0100100 1			inocaron nyololan aranolo			Mozaron ricalineare corp	O William P		Corporation	N	
Moduren Fregorous Machanic Regional Machina (Fregorous Machina (Fregorous Machanic Carder DBA Moduren Heaph Carder No. 1000 (1997)			. 00000	38-2383119 .			. McLaren Regional Medical Center DBA						McLaren Health Care		
McLaren Find   McLa								MI .		McLaren HealthCare Corp	Ownership	100.0		N	
Modern Hospitally House   Modern Hospitally House   Mil   NA   Modern Hospital Carter DBA   Modern Ho			. 00000	38-1358053 .			The McLaren Flint Foundation	MI .	NIA		0	400.0			
Description			00000	15 5567660			Mol aron Hospitality House	MI	NIIA		Ownersnip	.   100.0	Mol aren Health Care	N	
Lapeer Regional Medical Center DBA   McLaren Hageer Region   Mil   NIA   McLaren Hageer Region   Mil   NIA   McLaren Hageer Regional Medical Center DBA   McLaren Hageer Regional Medical Center DBA   McLaren Hageer Foundation   NIA   NIA   McLaren Hageer Foundation   NIA   McLaren Hageer Foundation   NIA   NIA   McLaren Hageer Foundation   NIA   McLaren Hageer Foundation   NIA   NIA   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Port Huron   Ownership   1000   McLaren Hageer Foundation   NIA   McLaren Hag			.   00000	43-3307009 .			INCLATER FIOSPITALLY FIGUSE	IVII .	NIA	McLaren Flint	Ownership	100.0		l N	
Mil. aren Lapeer Region   Mil. NA   McLaren Health Care Corp   Ownership   100   Corporation   N   NA   McLaren Health Care   N   McLaren Health C			. 00000	38-2689033 .			Lapeer Regional Medical Center DBA						McLaren Health Care		
McLaren Port Huron							McLaren Lapeer Region	MI .		McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
McLaren Port Huron			.   00000	38-2689603 .			. McLaren Lapeer Foundation	MI .	NIA		0	100.0		.	
Copposition   N   McLaren Port Huron   Ownership   1000   McLaren Health Care   Copposition   N   N   McLaren Port Huron   Ownership   1000   McLaren Health Care   Copposition   N   N   McLaren Port Huron   Ownership   1000   McLaren Health Care   Copposition   N   N   McLaren Port Huron   Ownership   1000   McLaren Health Care   N   McLaren Port Huron   Ownership   1000   McLaren Health Care   N   McLaren Medical Group   Mil   NIA   McLaren Port Huron   Ownership   1000   McLaren Health Care   N   McLaren Medical Group   Mil   NIA   McLaren Port Huron   Ownership   1000   McLaren Health Care   N   McLaren Medical Group   Mil   NIA   McLaren Port Huron   Ownership   1000   McLaren Health Care   N   McLaren Medical Group   Mil   NIA   McLaren Health Care   N   McLaren Health Care   N   McLaren Medical Group   Mil   NIA   McLaren Health Care   N   McLaren Health Care   N   McLaren Medical Group   Mil   NIA   McLaren Health Care   N   McLare			00000	20 1260611			Mol aran Bart Huran	NAI.	NIIA	McLaren Lapeer Region				N	
McLaren Port Huron			.   00000	30-1309011.			INCLAIGH FOIL HUIOH	IVII .	NIA	Wichareri HealthCare Corp	Ownership	100.0		l N	
			. 00000	38-2777750 .			McLaren Port Huron Hospital Foundation	MI .	NIA	McLaren Port Huron	Ownership	100.0			
Parkview Property Management   Mil   NIA   McLaren Port Huron   Ownership   1,000   McLaren Health Care   Corporation   N   NIA   McLaren Port Huron   Ownership   1,000   McLaren Health Care   Corporation   N   NIA   McLaren Port Huron   Ownership   1,000   McLaren Health Care   Corporation   N   NIA   McLaren Health Care   Corporation   N   McLaren Health Care	3						'				'			N	
Description	?		. 00000	38-2683251 .			Marwood Manor Nursing	MI .	NIA	McLaren Port Huron	. Ownership	100.0			
00000  38-2491659  Willow Enterprises   Mil   NIA   McLaren Port Huron   Ownership   1000   McLaren Health Care   Corporation   N   NIA   McLaren Health Plan   Mil   McLaren Health Care   Corporation   N   McLaren Health C	<b>`</b>		00000	20 0407240			Dady in Dranat Managara		NII A	Mal area Dark Human	O	100.0		N	
Millow Enterprises   Millow Enterprise			.   00000	38-246/310.			Parkview Property Management	IVII .	NIA	MCLaren Port Huron	. Ownersnip	.   100.0		l N	
Copposition   No.   Copp			. 00000	38-2491659			Willow Enterprises	MI.	NIA	McLaren Port Huron	Ownership	100.0			
Corporation   N   Mid-Michigan Physicians   Mi   NIA   Mid-Michigan Physicians   Mi   NIA   Mid-Michigan Physicians   Mi   NIA   Mid-Michigan Physicians   N   Mid-Michigan Physicians							·						Corporation	N	
Mid-Michigan Physicians   Mid-Michigan Physician Physici			. 00000	38-2988086 .			McLaren Medical Group	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0			
Corporation   No.   Corporation   No.   McLaren Health Care   Corporat			00000	20 2007404			Mid Michigan Dhysisians		NII A	Mal area Madical Casus	O	100.0		N	
McLaren Health Plan		.   00000	30-320/121.			INIU-INICHIGAN PHYSICIANS	IVII .	NIA	McLaren Medical Group	. Ownership	.   100.0		l N		
McLaren Health Plan   95562   38-3252216   McLaren Health Plan   McLaren Health Care   Mc			. 00000	38-3491714 .			Visiting Nurse Services of Michigan DBA								
A700   McLaren Health Plan   95562   38-3252216   McLaren Health Plan   95562   38-3252216   McLaren Health Plan   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   N   McLaren Health Plan   McLaren Health Plan   McLaren Health Care   Corporation   N   M							McLaren Homecare Group			McLaren HealthCare Corp	Ownership	100.0		N	
4700   McLaren Health Plan   95562   38-3252216   McLaren Health Plan   MI   NIA   McLaren Integrated HMO Group   Ownership   100.0   McLaren Health Care Corporation   N   McLaren Health Care Corporation   N   McLaren Health Plan   00000   91-2141720   McLaren Health Plan   00000   91-2141720   McLaren Health Plan   00000   McLaren Health Care Corporation   N   00000   McLa			. 00000	46-3643089 .			. Hospice and Homecare Foundation	MI .	NIA						
A   A   A   A   A   A   A   A   A   A	4700	Mal aran Haalth Dlan	05560	20 2050016			Mel eren Heelth Dien	NAI.	NIIA					N	
4700   McLaren Health Plan   14217   27-2204037   McLaren Health Plan   00000   91-2141720   Health Advantage Inc.   Mil   DS   McLaren Health Plan   Ownership   100.0   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation	4/00	I WICLAI EIT HEAILTI PIATI	90002	30-3232210 .			IVICLATER REALT PIAN	IVII .	NIA	Wicharen milegrated Hivio Group	Ownership	.   100.0		<sub>N</sub>	
A700   McLaren Health Plan   00000   91-2141720   Health Advantage Inc.   MI   DS   McLaren Health Plan   Ownership   100.0   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   McLare	4700	McLaren Health Plan	. 14217	27-2204037			McLaren Health Plan Community	l MI.	DS	McLaren Health Plan	Ownership	100.0			
Mode							,				·			N	
Mode	4700	McLaren Health Plan	. 00000	91-2141720 .			. Health Advantage Inc	MI .	DS	McLaren Health Plan	Ownership	100.0			
A700   MDWise   95807   35-1931354   MDWise   95807   35-1931354   MDWise   IN   NIA   McLaren Integrated HMO Group   Ownership   100.0   McLaren Health Care   Corporation   N   McLaren Health Care   Corp			00000				Mal area lassessas Command TD	CVA	NII A	Mal area Harith Care Care	O	100.0		N	
4700   MDWise   95807   35-1931354			.   00000				MicLaren Insurance Company LTD	CYM	NIA	McLaren HealthCare Corp	Ownership	.   100.0		l N	
00000   47-3192307   MDWise Medicaid Network   IN   NIA   McLaren Integrated HMO Group   Ownership   100.0   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   McLaren Health Care   Corporation   McLaren Health Care   C	4700	MDWise	95807	35-1931354			MDWise	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care		
00000   82-4449304   McLaren Integrated HMO Group   MI   NIA   McLaren HealthCare Corp   Ownership   100.0   McLaren Health Care Corporation   N   McLaren Health Care   N   McLaren Health Care														N	
00000   82-4449304   McLaren Integrated HMO Group   MI   NIA   McLaren HealthCare Corp   Ownership   100.0   McLaren Health Care Corporation   N   McLaren Health Care Corporation   McLaren Health Care Corporation   McLaren Health Care Corporation   McLaren H			. 00000	47-3192307 .			MDWise Medicaid Network	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0			
00000   38-3426063   McLaren Caro Region   MI   NIA   McLaren HealthCare Corp   Ownership   100.0   McLaren Health Care   Corporation   N   McLaren Health Care   Mc			00000	02 4440204			Mal area Integrated LIMO Cross-	NAI.	NIIA	Mal area HealthCare Corn	Ournarahin	100.0		N	
00000   38-3426063   McLaren Caro Region   MI   NIA   McLaren HealthCare Corp   Ownership   100.0   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   N   McLaren Health Care   Corporation   McLaren Health Care   Corporation   McLaren Health Care   McLaren He			.   00000	02-4449304 .			INICLATER INTEGRATED HINO GROUP	IVII .	NIA	wicLaren HealthCare Corp	Ownersnip	100.0		N N	
Corporation			. 00000	38-3426063			McLaren Caro Region	MI .	NIA .	McLaren HealthCare Corp	Ownership	100 0		IN	
													Corporation	N	
			. 00000	38-2422995 .							<u></u>				
							Region Foundation	MI .	NIA	McLaren Caro Region	Ownership	100.0	Corporation	N	

Health NAIC Statement 5/15/2020 7:57:41 AM

### **SCHEDULE Y** PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	17411 177 BEITAL OF INCOLUTION FINANCIAL TO COMMITTAL OF OFFICE														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		Is an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
		00000	81-3487385 .				CCH Holdings Inc.	MI .	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care		
														N	
		00000	38-1474929 .				McLaren Thumb Region	MI .	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care		
													Corporation	N	

Asterisk	Explanation
0000001	

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interregatory questions. explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

### **OVERFLOW PAGE FOR WRITE-INS**

## **ASSETS**

	С	urrent Statement Da	te	4
	1	2	3	
			Net Admitted	December 31
		Nonadmitted	Assets	Prior Year Net
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	169,562		169,562	191,120
1105. SELF INS TRUST FUND CTF	291,422		291,422	275,249
1106. RISK CORRIDOR RECEIVABLE	6,304,669	6,304,669		
1107. PREPAID RENT EXPENSE	39,131	39,131		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	6,804,783	6,343,799	460,984	466,370
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

## STATEMENT AS OF March 31, 2020 OF THE MCLAREN HEALTH PLAN, INC SCHEDULE A - VERIFICATION

**Real Estate** 

	1	2
		Prior Year Ended
	Year To Date	December 31
1. Book/adjusted carrying value, December 31 of prior year	1,909,010	2,230,025
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.1 Actual cost at time of acquisition     2.2 Additional investment made after acquisition		6,997
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		59,914
8. Deduct current year's depreciation	69,995	268,099
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	1,839,015	1,909,010

### **SCHEDULE B - VERIFICATION**

Mortgage Loans

mortgage Louis												
	1	2										
		Prior Year Ended										
	Year To Date	December 31										
Book value/recorded investment excluding accrued interest, December 31 of prior year												
2. Cost of acquired:												
2.1 Actual cost at time of acquisition												
2.2 Additional investment made after acquisition												
3. Capitalized deferred interest and other												
4. Accrual of discount												
5. Unrealized valuation increase (decrease)												
6. Total gain (loss) on disposals												
7. Deduct amounts received on disposals												
8. Deduct amortization of premium and mortgage interest poin												
9. Total foreign exchange change in book value/recorded inve												
10. Deduct current year's other-than-temporary impairment recognized												
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 +												
6 - 7 - 8 + 9 - 10)												
12. Total valuation allowance												
13. Subtotal (Line 11 plus Line 12)												
14. Deduct total nonadmitted amounts												
15. Statement value at end of current period (Line 13 minus Line 14)												

### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)  Total gain (loss) on disposals  Deduct amounts received on disposals  NONE		
6.	Total gain (loss) on disposals		
7.			
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	87,884,393	45,576,520
2.	Cost of bonds and stocks acquired	54,548,868	41,323,208
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	(6,036,587)	984,665
5.	Total gain (loss) on disposals	380,455	
6.	Deduct consideration for bonds and stocks disposed of	54,205,112	
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	82,572,017	87,884,393
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	82,572,017	87,884,393

SI02 Schedule D Part 1B NONE
SI03 Schedule DA Part 1 NONE
SI03 Schedule DA Verification
SI04 Schedule DB - Part A VerificationNONE
SI04 Schedule DB - Part B Verification
SI05 Schedule DB Part C Section 1
SI06 Schedule DB Part C Section 2
SI07 Schedule DB - Verification

### **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	111,692,572	91,724,765
2.	Cost of cash equivalents acquired	60,054,426	19,967,806
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	171,746,997	111,692,572
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	171,746,997	111,692,572

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3 NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3NONE
E03 Schedule BA Part 2 NONE
E03 Schedule BA Part 3 NONE

## **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

Show All Long-Term Bonds and Stock Acquired During the Current Quarter													
1	2	3	4	5	6	7	8	9	10				
								Paid for Accrued	NAIC Designation				
CUSIP				Name of	Number of			Interest and	and Administrative				
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Symbol				
8399998 Sumn	ary Item from Part 5 for Bonds (N/A to Quarterly)	X X X	X X X	X X X	X X X	XXX							
8399999 Subto					X X X				X X X				
8999998 Sumn	ary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X				
	tal - Preferred Stocks				X X X		X X X		X X X				
Common Sto	cks - Industrial and Miscellaneous (Unaffiliated) Other												
921943809	VANGUARD DEVELOPED MARKETS INDEX FUND		03/23/2020	JPMORGAN	543.640	5.143	X X X						
922042304	VANGUARD EMERGING MARKETS		03/23/2020	JPMORGAN	81.980		X X X						
922908843	VANGUARD MIDCAP INDEX			JPMORGAN	38.720								
922908702	VANGUARD SMALL CAP INDEX		03/10/2020	JPMORGAN	76.410		X X X						
922908108	VANGUARD S&P 500 INDEX		03/10/2020	JPMORGAN	107.650								
9199999 Subto	tal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Other				X X X	46,401	X X X		X X X				
Common Sto	cks - Mutual Funds												
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		01/29/2020	JPMORGAN	8,879.780	97,056	X X X						
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		02/26/2020	JPMORGAN	8,624.160								
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		02/28/2020	JPMORGAN	271,399.830		X X X						
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		03/02/2020	JPMORGAN	4,664,571.940	51,217,000							
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		03/30/2020	JPMORGAN	9,848.960	,							
					X X X	54,502,467	X X X		X X X				
					X X X	54,548,868	X X X		X X X				
9799998 Sumn	ary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X				
	tal - Common Stocks				X X X	54,548,868			X X X				
9899999 Subto	tal - Preferred and Common Stocks				X X X	54,548,868	X X X		X X X				
9999999 Total	Bonds, Preferred and Common Stocks				X X X	54,548,868	X X X		X X X				

## **SCHEDULE D - PART 4**

## Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During	· tha	Curront	Quarter
During	ı me	Current	Quarter

Dailing the California Gallion																					
1 2 3 4 5 6 7								9	10		Change in Bo	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
F								11	12	13	14	15							1		
		0																			1
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		NAIC
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	Designation
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	and Admini-
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	strative
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Symbol
8399998 Sumn	ary Item from Part 5 for Bonds (N/A to Qu	arterly) .			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
8399999 Subto	tal - Bonds				XXX															XXX.	XXX.
8999998 Sumn	ary Item from Part 5 for Preferred Stocks	N/A to Q	uarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
8999999 Subto	tal - Preferred Stocks				XXX		XXX													XXX.	XXX.
	Stocks - Mutual Funds																				
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		03/02/2020	JPMORGAN	10.900	54,205,112	XXX	53,824,657									380,455	380,455		xxx.	
9499999 Subto	tal - Common Stocks - Mutual Funds				XXX	54,205,112	XXX	53,824,657									380,455	380,455		XXX.	XXX.
9799997 Subto	tal - Common Stocks - Part 4				XXX	54,205,112	XXX	53,824,657									380,455	380,455		XXX.	XXX.
	ary Item from Part 5 for Common Stocks (	N/A to Qu	uarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9799999 Subto	tal - Common Stocks				XXX	54,205,112	XXX	53,824,657									380,455	380,455		XXX.	XXX.
					XXX	54,205,112	XXX	53,824,657									380,455	380,455		XXX.	XXX.
9999999 Total	Bonds, Preferred and Common Stocks .				XXX	54,205,112	XXX	53,824,657									380,455	380,455		XXX.	XXX.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1
E08 Schedule DB Part D Section 1
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DB Part ENONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

## **SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

	1	2	epository Ba	4 Amount	5 Amount of		ince at End of E	arter	9	
				Rate of	of Interest Received During Current	Interest Accrued at Current Statement	6 First	7 Second	8 Third	
	Depository		Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories										
	FLINT, MICHIGANMICHIGAN	03/31/2020 03/31/2020					(2,890,065) 388		. (10,945,160)	XXX
Washington	MICHIGAN	03/31/2020 03/31/2020					240,187 188,177		46	
Admirals Bank	MICHIGAN	03/31/2020					246,527	246,731		XXX
Allegiance Bank Texas	MICHIGAN	03/31/2020 03/31/2020					245,912	247,488	137,763	XXX
Alva State Bank & Trust	MICHIGAN	03/31/2020					241,037	·		
Company	MICHIGAN	03/31/2020 03/31/2020							13	
	MICHIGAN	03/31/2020					54,478			1
National	MICHIGAN	03/31/2020					172,876			
	MICHIGAN	03/31/2020 03/31/2020					12,000	239 673		XXX
Ameris Bank	MICHIGAN	03/31/2020					244,836	247,452	25,077	XXX
	MICHIGAN	03/31/2020					209,749	235,067		XXX
	MICHIGAN	03/31/2020					232,846	1	90	
	MICHIGAN	03/31/2020 03/31/2020					49,535		12	1
Associated Bank National										
Association	MICHIGAN	03/31/2020					238,842			
	MICHIGAN	03/31/2020 03/31/2020					125			
	MICHIGAN	03/31/2020					9,345	9 884	155	
BNB Bank	MICHIGAN	03/31/2020					243,211	244,547		
Banc of California, National Association	MICHIGAN	03/31/2020					247,777	247,990	36,247	xxx
Association	MICHIGAN	03/31/2020					247,336	247,999		XXX
	MICHIGAN	03/31/2020 03/31/2020						226 907		
	MICHIGAN	03/31/2020								
	MICHIGAN	03/31/2020						8,033		XXX
Bank of Ann Arbor	MICHIGAN	03/31/2020							107	XXX
Bank of China - New York Branch	MICHIGAN	03/31/2020					248,000	247 989	247,734	XXX
Bank of Commerce	MICHIGAN	03/31/2020	l				224,789		247,734	
Bank of Commerce	MICHIGAN	03/31/2020					244,916			XXX
	MICHIGAN	03/31/2020 03/31/2020					247,999	247,859	1,224	XXX
	MICHIGAN	03/31/2020						244,303		XXX
Bank of Hope	MICHIGAN	03/31/2020					23,933	26,578	491	XXX
Bank of Lindsay	MICHIGAN	03/31/2020					195,551	110,367	96	XXX
Bank of Missouri	MICHIGAN	03/31/2020 03/31/2020					238,692	237,444		XXX
Bank of Princeton	MICHIGAN	03/31/2020					14	16		
Bank of Southern California										
	MICHIGAN	03/31/2020					162,561			
Bank of Wisconsin Dells	MICHIGAN	03/31/2020 03/31/2020					164,435 247 992		1,646 2,604	
Bank Plus	MICHIGAN	03/31/2020					247,002	5,980		XXX
Bank3	MICHIGAN	03/31/2020						60		
BankUnited National Association	MICHIGAN	03/31/2020					224,647	243.789	39,778	XYY
	MICHIGAN	03/31/2020					241,164	244,272	94	XXX
Bankwell Bank	MICHIGAN	03/31/2020	l				233,220	240,859	998	XXX
Banterra Bank		03/31/2020						73	16	XXX
	MICHIGAN	03/31/2020 03/31/2020					248,000 96		4,354	
Bennington State Bank	MICHIGAN	03/31/2020						39	50	XXX
Berkshire Bank	MICHIGAN	03/31/2020					66,776	172,506	51	XXX
	MICHIGAN	03/31/2020						12		xxx
Blue Ridge Bank, National Association	MICHIGAN	03/31/2020					231,085	230,961	13,466	$ _{XXX}$
BlueHarbor Bank	MICHIGAN	03/31/2020					20	20	29	XXX
		03/31/2020							2,617	
Boone Bank & Trust Co	MICHIGAN	03/31/2020					63	28		XXX
Bank	MICHIGAN	03/31/2020						250		
Bridgewater Bank	MICHIGAN	03/31/2020					26,806	25,080		XXX
		03/31/2020 03/31/2020					227 107			
	MICHIGAN	03/31/2020					237,197	248,000	10	W W W
C US Bank	MICHIGAN	03/31/2020					233,329	246,517	138,192	XXX
CBank	MICHIGAN	03/31/2020					172,235	2,932		XXX
	MICHIGAN	03/31/2020 03/31/2020					247,986 14		24	1
TOTO COMMUNICY DAME			. "				. 14	i .	1	
	MICHIGAN	03/31/2020								
	MICHIGAN	03/31/2020 03/31/2020					3,389 79	7,130		XXX

	1		_							
	ļ.		2	3	4	5	Book Balai	nce at End of Ea	ach Month	9
					Amount	Amount of	Duri	ng Current Qua	rter	
					of Interest Received	Interest Accrued	6	7	8	
				D	During	at Current	F: (		<b>T</b> 1 ' 1	
	Danasitana		0-4-	Rate of	Current	Statement	First	Second	Third	*
Ondones Devil N.A.	Depository	00/04/0000	Code	Interest	Quarter	Date	Month	Month	Month	
		03/31/2020 03/31/2020					208	255		XXX
		03/31/2020						96,535 32,307		XXX
Campbell County Bank Inc		03/31/2020						981		XXX
		03/31/2020						168,157		XXX
Capital Bank National								.		
	MICHIGAN	03/31/2020				.	247,495	247,864	2,147	XXX
Capital One National		00/04/0000					0.47.000	0.45 5.40	0.540	
		03/31/2020 03/31/2020						245,512 245,402	9,512	
Cathay Bank Cedar Rapids Bank and Trust	WIICHIGAN	03/31/2020					242,003	245,402	2,280	^^^
	MICHIGAN	03/31/2020					23		436	$ _{XXX}$
		03/31/2020						39		XXX
		03/31/2020							11,882	
Cendera Bank National										
		03/31/2020								XXX
	MICHIGAN	03/31/2020				-	245,359	244,973	23,098	XXX
CenterState Bank of Florida National Associat	MICHIGAN	03/31/2020					233 080	230 468		XXX
		03/31/2020								
Central Bank	MICHIGAN	03/31/2020					366	225		
Central Bank Illinois	MICHIGAN	03/31/2020					3,093			XXX
		03/31/2020								
		03/31/2020				-				XXX
		03/31/2020 03/31/2020					1,459	335		
		03/31/2020						239,563		
		03/31/2020						239,303		
	MICHIGAN	03/31/2020					247,987	247,862		XXX
	MICHIGAN	03/31/2020						84		XXX
	MICHIGAN	03/31/2020					236,094	247,642	24	XXX
Citizens Bank National	MICHICANI	00/04/0000					21,030	470		V V V
		03/31/2020 03/31/2020								XXX
Citizens Community Federal Citizens Deposit Bank of	WIICHIGAN	03/31/2020					34			^^^
Arlington Inc.	MICHIGAN	03/31/2020				l	18	82		XXX
Citizens National Bank of										
Bluffton		03/31/2020						227,459		XXX
	MICHIGAN	03/31/2020				.	13			XXX
		03/31/2020						200		
		03/31/2020 03/31/2020					18		11	XXX
		03/31/2020						205,889		
		03/31/2020						234,341		
Commercial Bank of Nelson		03/31/2020								XXX
Community Bank National										
		03/31/2020					16			XXX
		03/31/2020 03/31/2020					247,999		10,611	
		03/31/2020						245,057	48	\
Cornerstone Bank		03/31/2020				-		17,921	98	
Cornerstone Community Bank		03/31/2020					242,374	22,442	91	XXX
Cornerstone Community Bank	MICHIGAN	03/31/2020				.		13		XXX
Covenant Bank	MICHIGAN	03/31/2020						247,924	857	XXX
Crossopt Bank of Texas		03/31/2020							48	
Crescent Bank & Trust	MICHIGAN	03/31/2020						105	80	XXX
		03/31/2020							14,488	
		03/31/2020								XXX
DeWitt Bank and Trust										
Company		03/31/2020								
Dedham Institution for Savings		03/31/2020				.	232,539	236,621	38	XXX
		03/31/2020						14		
		03/31/2020 03/31/2020								
		03/31/2020				-	20,204			
Dime Savings Bank of										
Williamsburgh		03/31/2020					243,000	239,052		
		03/31/2020						43		XXX
	MICHIGAN	03/31/2020					243,592	238,942		XXX
Eagle Bank and Trust Company	MICHIGAN	03/31/2020					24			XXX
		03/31/2020								
		03/31/2020						772		
Emigrant Bank	MICHIGAN	03/31/2020					224,839	15		XXX
Empire National Bank	MICHIGAN	03/31/2020								XXX
Enterprise Bank & Trust	MICHIGAN	03/31/2020				.			980	
		03/31/2020							4.005	XXX
		03/31/2020				-		247,998	1,025	
		03/31/2020 03/31/2020						171,196		1
Exchange Bank and Trust		00/01/2020				-	222,503	241,009		^^^
	MICHIGAN	03/31/2020					193,223	241,810		XXX
Company										

		Month	n End D	epository B	alances					
	1			3	4 Amount	5 Amount of	Dur	nce at End of E	rter	9
					of Interest Received During	Interest Accrued at Current	6	7	8	
				Rate of	Current	Statement	First	Second	Third	
	Depository		Code	Interest	Quarter	Date	Month	Month	Month	*
Farmers & Merchants Bank of	MICHICAN	03/31/2020					60			VVV
Long BeachFarmers & Merchants Savings										XXX
Bank	MICHIGAN	03/31/2020					611			XXX
Farmers & Merchants State Bank	MICHIGAN	03/31/2020						33		XXX
Farmers & Merchants State										
Bank of Tolna Farmers Exchange Bank		03/31/2020 03/31/2020					345 18 324	345 298		XXX
Farmers National Bank of							•			
CanfieldFarmers Trust and Savings	MICHIGAN	03/31/2020							13	XXX
Bank	MICHIGAN	03/31/2020					237,028	243,660		XXX
Farmers Trust and Savings Bank	MICHIGAN	03/31/2020					225 602	237,646	20	\ \ V \ V
Farmers and Merchants State										
Bank	MICHIGAN	03/31/2020					224,567	98,201		XXX
Farmers and Merchants State Bank of	MICHIGAN	03/31/2020					236.268	219,848		XXX
Fayette Savings Bank SSB	MICHIGAN	03/31/2020					61	61		XXX
Federal Savings BankFidelity Bank		03/31/2020 03/31/2020					154 706	241,978	40,094	XXX
Fidelity Bank	MICHIGAN	03/31/2020						13	65	XXX
Fifth Third BankFinancial Federal Bank		03/31/2020 03/31/2020					243,599	242,798 221,561	4,701	XXX
First Advantage Bank	MICHIGAN	03/31/2020					109	103		XXX
First Bank	MICHIGAN	03/31/2020						241,078		
First Carolina Bank First Central Savings Bank		03/31/2020 03/31/2020					247,937	247,913 243,098		XXX
First Citrus Bank		03/31/2020					327			XXX
First Community Bank of Bedford County	MICHIGAN	03/31/2020					243 324	243,655		XXX
First Community Bank of										
	MICHIGAN	03/31/2020 03/31/2020					171,993	247,786		XXX
First Federal Community Bank										
	MICHIGAN	03/31/2020					10	10		XXX
First Federal Savings Bank First Federal Savings and	MICHIGAN	03/31/2020					102	93		XXX
Loan Association of		03/31/2020					136,269			XXX
		03/31/2020 03/31/2020					117			XXX
First Guaranty Bank	MICHIGAN	03/31/2020						21		XXX
First International Bank & Trust First Internet Bank of Indiana		03/31/2020 03/31/2020					17,765	162,469	4,427	XXX
First Merchants Bank National							•		4,421	_^^^
Association		03/31/2020 03/31/2020					24,062 1,567	28,266 241,457		XXX
First Midwest Bank of Dexter		03/31/2020					1,307	238,023	45	
First Midwest Bank of the										
Ozarks		03/31/2020 03/31/2020					546 412			XXX
First National Bank	MICHIGAN	03/31/2020					19	113	34	XXX
	MICHIGAN	03/31/2020 03/31/2020						61	11	XXX
First National Bank of Centralia		03/31/2020					136,661	111,436		XXX
First National Bank of Long Island	MICHIGAN	03/31/2020					226 277	246,447		XXX
First National Bank of Michigan		03/31/2020					200,011	39		xxx
First National Bank of Mifflintown	MICHIGAN	03/31/2020						243,312		yvv
First National Bank of							•			
Oklahoma		03/31/2020					21	21		XXX
First National Bank of Ottawa . First National Bank of		03/31/2020					198,526	237,572		XXX
Pennsylvania	MICHIGAN	03/31/2020					247,999	243,858	22,092	XXX
First National Bank of Syracuse	MICHIGAN	03/31/2020					26	299		XXX
First Neighbor Bank National										
Association		03/31/2020 03/31/2020					479 17		20	XXX
First Savings Bank	MICHIGAN	03/31/2020					1,097	64,502	45	XXX
First Savings Bank Northwest .		03/31/2020					247,996	247,555		XXX
First Security Bank First Security Bank and Trust	MICHIGAN	03/31/2020					649			XXX
Company		03/31/2020					570			XXX
		03/31/2020 03/31/2020					238,357 458			XXX
First State Bank	MICHIGAN	03/31/2020					243,987	245,300	6,158	XXX
		03/31/2020 03/31/2020								XXX
First State Bank Nebraska	MICHIGAN	03/31/2020						149		XXX
First State Bank of DeQueen	MICHIGAN	03/31/2020					234,801	248,000	20	XXX
First State Bank of Middlebury	MICHIGAN	03/31/2020						141		XXX

	1		2	Depository B			D. J. D.L.	<del></del>	- I- NA 4I-	
	l l		2	3	4	5	Book Bala	nce at End of Ea	ach ivionth	9
					Amount	Amount of	Dur	ing Current Qua	rter	
					of Interest Received	Interest Accrued	6	7	8	
				D-tf	During	at Current	<b>-</b> :4	0	Think	
	<b>.</b>		•	Rate of	Current	Statement	First	Second	Third	*
	Depository		Code	Interest	Quarter	Date	Month	Month	Month	
		03/31/2020					478		10,448	
First Western Trust Bank First-Citizens Bank & Trust	MICHIGAN	03/31/2020					237,395	238,107	376	XXX
Company	MICHIGAN	03/31/2020					11	l		XXX
Flatirons Bank		03/31/2020								XXX
Florida Business Bank	MICHIGAN	03/31/2020						245,589		
	MICHIGAN	03/31/2020							53	XXX
Fort Jennings State Bank		03/31/2020						66		XXX
Franklin Savings Bank		03/31/2020					168,986	155,326	149	XXX
Franklin Synergy Bank		03/31/2020 03/31/2020						247,431		XXX
Freedom National Bank		03/31/2020						338		XXX
		03/31/2020						241,433		XXX
GNB Bank		03/31/2020			l l	l	182.929	180.583	1.877	xxx
Gateway Bank	MICHIGAN	03/31/2020					242,242	23,245	13	XXX
		03/31/2020								XXX
Georgia Banking Company		03/31/2020						80	12,397	XXX
		03/31/2020					1,140	239,690	39	
Gold Coast Bank		03/31/2020 03/31/2020							77	
		03/31/2020						17,247		l x x x
Great Midwest Bank SSB		03/31/2020					247,994	247,954	3,664	
Great North Bank	MICHIGAN	03/31/2020						59		XXX
		03/31/2020					14,784	89,203	8,718	
		03/31/2020						16		XXX
		03/31/2020 03/31/2020								XXX
Guaranty Bank		03/31/2020							17	
Hancock Bank	MICHIGAN	03/31/2020								
		03/31/2020							13,456	XXX
Hardin County Bank	MICHIGAN	03/31/2020					165,539	161,166		XXX
Hardin County Savings Bank		03/31/2020								
Harvest Bank		03/31/2020						13		
		03/31/2020								
Heartland Bank		03/31/2020 03/31/2020						247,072	20	1
Heritage Bank of the Ozarks Heritage Community Bank		03/31/2020					,			
Heritage First Bank		03/31/2020					10		17	
Hiawatha Bank and Trust		00/01/2020								
Company	MICHIGAN	03/31/2020								XXX
		03/31/2020								XXX
		03/31/2020								XXX
Hingham Institution for Savings Hinsdale Bank & Trust	MICHIGAN	03/31/2020						491	56	XXX
Company	MICHIGAN	03/31/2020						10		XXX
Home Exchange Bank		03/31/2020					19.343	21,827		XXX
Home Savings Bank	MICHIGAN	03/31/2020					162,795	12,189		XXX
Home State Bank	MICHIGAN	03/31/2020					181,706	243,493	79	XXX
		03/31/2020								XXX
	MICHIGAN	03/31/2020					24,413	30,307		XXX
Horizon Bank National Association	MICHIGAN	03/31/2020					246 306	245 010	17	V V V
		03/31/2020							17	$ \hat{x}\hat{x}\hat{x}$
IBERIABANK		03/31/2020								
Idaho First Bank	MICHIGAN	03/31/2020					97,962	239,051		XXX
Incommons Bank N.A		03/31/2020					247,861	247,084		
		03/31/2020								
Inland Bank and Trust		03/31/2020 03/31/2020								XXX
International City Bank	IVIIOI IIOAIN	00/01/2020					317			^^^
National Association	MICHIGAN	03/31/2020					247.601	247,468	6.356	XXX
Investar Bank		03/31/2020					246,361	245,570	122	
Ion Bank	MICHIGAN	03/31/2020					232,303	242,285		XXX
Iowa Trust & Savings Bank	MICHIGAN	03/31/2020				.	148	148		XXX
Iroquois Federal Savings and	MICHICAN	00/04/0000								\v.v.
Loan Association	MICHIGAN	03/31/2020				-		795		XXX
Israel Discount Bank of New York	MICHIGAN	03/31/2020					2/6 729	247,947	4,428	YYV
Keybank National Association		03/31/2020						241,941		
Kishacoquillas Valley National	311137111	33,3112020							•	```
Bank of Bellev	MICHIGAN	03/31/2020				.	130			XXX
Lake City Bank	MICHIGAN	03/31/2020					23,850	23,820	19	XXX
Landmark Community Bank		03/31/2020				.	247,331	247,997		XXX
Landmark National Bank		03/31/2020						231,774		
Lead Bank	MICHIGAN	03/31/2020						246,464		XXX
Leaders Bank		03/31/2020 03/31/2020								XXX XXX
Legacy Bank & Trust Company		03/31/2020							26	$ \hat{\chi}\hat{\chi}\rangle$
Legends Bank		03/31/2020					202.239	223.053	89	$ \hat{\chi}\hat{\chi}\rangle$
Level One Bank	MICHIGAN	03/31/2020					177,725	177,979		XXX
Lewis & Clark Bank	MICHIGAN	03/31/2020					235,726	243,579	60	XXX
	MICHIGAN	03/31/2020								XXX
I Lincoln Dark Cavings Dank	MICHIGAN	03/31/2020								XXX
Lincoln Park Savings Bank (MHC)										

				Depository Ba						
	1		2	3	4 Amount	5 Amount of		nce at End of E		9
					of Interest Received	Interest Accrued	6	7	8	
	Depository		Code	Rate of Interest	During Current Quarter	at Current Statement Date	First Month	Second Month	Third Month	*
Lone Star Bank		03/31/2020		IIICICSC	-,			58,376	WOTH	XXX
Luana Savings Bank		03/31/2020						48,527	5,416	
M.Y. Safra Bank		03/31/2020					173,964			XX)
MainStreet Bank		03/31/2020						243,072		
Manufacturers Bank	MICHIGAN	03/31/2020					245,680	242,883	842	$ XX\rangle$
MapleMark Bank		03/31/2020						46,055		
Mascoma Savings Bank		03/31/2020						238,761		XXX
McClave State Bank		03/31/2020					185			XXX
Meramec Valley Bank		03/31/2020					61,594	149,701		
Mercantile Bank of Michigan Merchants & Planters Bank	MICHIGAN	03/31/2020					21	20		
Merchants Bank of Indiana	MICHIGAN						247 704	246,729	20 850	$ \hat{\chi}\hat{\chi}\rangle$
Meridian Bank	MICHIGAN	03/31/2020						242,716		
MetaBank		03/31/2020					215		20,101	XXX
Metro Phoenix Bank		03/31/2020					45.693	20,391	15	
Metropolitan Capital Bank &										
Trust		03/31/2020						10		XXX
Metropolitan National Bank	MICHIGAN	03/31/2020					184,256	242,596	2,538	(XXX
Mid America Bank		03/31/2020						306		
Mid Penn Bank		03/31/2020					179,905			
MidCoast Community Bank	MICHIGAN							246,515		
Middlefield Banking Company Midland States Bank	MICHIGAN	03/31/2020						237,271 863		
Midwest Bank National	INITERIORIN	03/31/2020					141,295	803		^
Association	MICHIGAN	03/31/2020					3 947	43		\xxx
Midwest Community Bank		03/31/2020		l					309	XXX
Mifflin County Savings Bank	MICHIGAN	03/31/2020						18		XXX
Millennium Bank		03/31/2020						14		
Minnesota Bank & Trust	MICHIGAN	03/31/2020					64			XXX
MutualBank	MICHIGAN	03/31/2020					176,388	156,893		XX)
NXT Bank		03/31/2020						640		
NebraskaLand National Bank	MICHIGAN	03/31/2020						12		XXX
New Buffalo Savings Bank A	MICHIGAN	02/24/2020					19,341	10.046	25	VVV
Federal Savings NewBank		03/31/2020 03/31/2020								
Newburyport Five Cents	MICHIGAN	03/31/2020					247,267	238,920	1,933	
Savings Bank	MICHIGAN	03/31/2020					229,418	227,355		$ XX\rangle$
NexBank SSB		03/31/2020					235,791	247 975	82	
North Easton Savings Bank		03/31/2020					139,871			1
North Side Bank and Trust		00/01/2020								, , , ,
Company	MICHIGAN	03/31/2020					363	1,929		XXX
Northern Bank & Trust										
Company		03/31/2020					33,586	37,839		XXX
Northstar Bank		03/31/2020						59		XXX
Oculina Bank Ohio Valley Bank Company	MICHIGAN (	03/31/2020					245 440	238,808		XXX
Ohnward Bank & Trust		03/31/2020					245,449	230,000	45	
One American Bank	MICHIGAN						192 681	198,163	17	\
OneUnited Bank		03/31/2020					226,547			
Open Bank	MICHIGAN							151,231		
Opportunity Bank of Montana		03/31/2020					178,239	178,239	16	$ XX\rangle$
Pacific City Bank		03/31/2020					232,564	964	1,650	XXX
Pacific Coast Bankers Bank	MICHIGAN						0.77	047.500	13,964	XXX
Pacific Enterprise Bank	MICHIGAN	03/31/2020					247,902	247,563	9,880	\\XX\
Pacific Mercantile Bank		03/31/2020 03/31/2020						247,997		XXX XXX
Park National Bank		03/31/2020					122		3,301	X X /
Parkside Financial Bank &	IIII   III   III	JOIN 112020								
Trust		03/31/2020					658	645		XXX
Peapack-Gladstone Bank	MICHIGAN	03/31/2020					247,107	247,984	1,778	$ XX\rangle$
Peoples Bank	MICHIGAN  (	03/31/2020							22	$ XX\rangle$
	MICHIGAN	03/31/2020						314		XXX
Peoples Bank		03/31/2020					17,197	6,787		XX)
Peoples Bank of Commerce		03/31/2020					240,411	226,401		XXX
Peoples Bank of Kentucky Inc.	MICHIGAN(						230,872	57,030		XXX
Pilot Bank		03/31/2020 03/31/2020					105 020	61,113	۸۵	XXX XXX
Pinnacle Bank		03/31/2020					203,009	101,379	95	XXX
Pioneer Bank		03/31/2020		l			236 703	232,452	12	$ \hat{\mathbf{x}}\hat{\mathbf{x}}\rangle$
Platte Valley Bank	MICHIGAN	03/31/2020						535		XXX
Poppy Bank	MICHIGAN	03/31/2020						191,358		(XX
Preferred Bank	MICHIGAN						247,746	247,978	11,581	
Premier Bank		03/31/2020					235,067	217,030		XXX
Premier Bank	MICHIGAN						135,753	203,283		XXX
Prime Alliance Bank	MICHIGAN						245,291	242,865		X X )
Prime Bank		03/31/2020					284			
PrimeSouth Bank PrivateBank and Trust	MICHIGAN	03/31/2020					247,305	246,944	523	^ X X )
Company	MICHIGAN	03/31/2020					247,989	240,034		$ xx\rangle$
Progress Bank and Trust		03/31/2020					131,075			
	MICHIGAN	03/31/2020					216,003		188	
PromiseOne Bank										1
PromiseOne Bank Prospect Bank	MICHIGAN (	03/31/2020								
PromiseOne Bank	MICHIGAN	03/31/2020 03/31/2020 03/31/2020					148,446		4,550	XXX

	1	Mond	2	epository B	4 Amount	5 Amount of		nce at End of Ea		9
					of Interest Received During	Interest Accrued at Current	6	7	8	
	Denository		Code	Rate of Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month	*
Quontic Bank	Depository MICHIGAN	03/31/2020		IIILEIESI	Quarter			00.504	IVIOTILIT	XXX
Reading Co-operative Bank	MICHIGAN	03/31/2020			1		248,000	247,999	1,208	XXX
	MICHIGAN							43		XXX
	MICHIGAN	03/31/2020 03/31/2020						238,229		XXX
Reliant BankRelyance Bank National	MICHIGAN	03/31/2020					249	231,043		^ ^ ^
	MICHIGAN						111,477	97,925	38	XXX
Renasant Bank										
	MICHIGAN							16,788		
	MICHIGAN						61		302	XXX
	MICHIGAN							11		
Riverwind Bank	MICHIGAN	03/31/2020				I I		147		
Rockhold Brown & Company										
	MICHIGAN	03/31/2020					12			
	MICHIGAN						205,177			
Sandhills State Bank	MICHIGAN	03/31/2020						931		
Sandy Spring Bank	MICHIGAN	03/31/2020					247,921	336		XXX
SaviBank	MICHIGAN	03/31/2020						243,020		XXX
Savoy Bank Seacoast National Bank	MICHIGAN   MICHIGAN	03/31/2020			I		243,017 203	241,255	2,327	XXX
	MICHIGAN						241,317	243,702	14	
Security Bank	MICHIGAN				I			245,983		XXX
Security Bank and Trust								·		
	MICHIGAN	03/31/2020					245,326	243,527		XXX
Security Bank of Pulaski County	MICHIGAN	03/31/2020						11		XXX
Security First Bank	MICHIGAN	03/31/2020						242,473		
Security State Bank of		00/01/2020					,			
	MICHIGAN				1			211		
	MICHIGAN						047.000	136,339	4,738	
Signature Bank Signature Bank National	MICHIGAN	03/31/2020					247,908	247,935	5,147	XXX
Association	MICHIGAN	03/31/2020						18		XXX
Simmons First National Bank	MICHIGAN	03/31/2020					245,118			XXX
Slovak Savings Bank										
	MICHIGAN	03/31/2020 03/31/2020					12,462	, i	,	XXX
	MICHIGAN					I I	238,508	197,873		XXX
	MICHIGAN						40,149		22	
Southern Bancorp Bank	MICHIGAN	03/31/2020					12			XXX
	MICHIGAN						235,095	238,983		XXX
	MICHIGAN	03/31/2020						182,026		
	MICHIGAN					1		73		
St. Henry Bank	MICHIGAN				I			86,960		
Start Community Bank	MICHIGAN	03/31/2020			I					XXX
	MICHIGAN								164	
	MICHIGAN	03/31/2020						16		XXX
	MICHIGAN							236,987		
	MICHIGAN						44,373			XXX
SunTrust Bank	MICHIGAN	03/31/2020					115,562	242,881	12,166	XXX
	MICHIGAN						3,720			XXX
Sussex Bank	MICHIGAN	03/31/2020					243,188 15,047	242,736		XXX
	MICHIGAN								90	
Tensas State Bank	MICHIGAN							15		
Texana Bank National	MIOLUOAN	00/04/0000						40.400		
	MICHIGAN				I		5,507			
Texas Bank Financial Texas Capital Bank National	MICHIGAN	03/31/2020					150,015	178,007		XXX
Association	MICHIGAN	03/31/2020					247,527	244,522	11	XXX
Texas Citizens Bank National										
	MICHIGAN	03/31/2020			1		188,403			XXX
Third Coast Bank SSB	MICHIGAN	03/31/2020 03/31/2020					247,839 18		37,742	XXX
	MICHIGAN				I			225,124	77	
Town and Country Bank	MICHIGAN	03/31/2020					18	53		XXX
Tradition Capital Bank	MICHIGAN	03/31/2020			I		27,022	27,850		XXX
	MICHIGAN					1		237,714		
TransPecos Banks Tri Valley Bank	MICHIGAN	03/31/2020						39		
	MICHIGAN						204,117			XXX
TriState Capital Bank	MICHIGAN	03/31/2020			I			244,511	43,252	XXX
Twin City Bank	MICHIGAN								19	XXX
	MICHIGAN							20.605	47	XXX
	MICHIGAN							30,685		
	MICHIGAN				I					
Unified Bank	MICHIGAN	03/31/2020							10	XXX
	MICHIGAN	03/31/2020						238,062		XXX

## SCHEDULE E - PART 1 - CASH

		Mont	h End D	epository B	alances					
	1		2	3	4	5	Book Bala	nce at End of E	ach Month	9
					Amount	Amount of	Duri	ng Current Qua	arter	
					of Interest	Interest	6	7	8	1
					Received	Accrued	-	-		
					During	at Current				
				Data of	"		Final.	Casand	Thind	
	<b>.</b>			Rate of	Current	Statement	First	Second	Third	*
	Depository		Code	Interest	Quarter	Date	Month	Month	Month	<u> </u>
Union Savings and Loan										
Association	MICHIGAN						94,447	90,145		XXX
United Bank	MICHIGAN						247,776		14,365	
United Fidelity Bank FSB	MICHIGAN						19	43		XXX
Unity National Bank of Houston					1		232	234		XX)
Univest Bank and Trust Co	MICHIGAN				1		117,429		27	
Valley National Bank	MICHIGAN				1			20		XXX
Valley National Bank	MICHIGAN				1		244,553	247,872	21,488	X X X
	MICHIGAN						247,201	246,616		
	MICHIGAN						76	71		XXX
	MICHIGAN				1		23	26		XXX
Virginia Commonwealth Bank .					1		175,847	140,305		XXX
	MICHIGAN						,	,	403	
Washington Trust Company of	WIICHIGAN	03/31/2020							403	^^/
Westerly	MICHIGAN	03/31/2020					245,076	244 542	1 7/0	\ v v \
Webster Five Cents Savings	WICHTIGAN	03/31/2020					243,070	244,343	1,149 	^^/
Bank	MICHIGAN	03/31/2020					23,819	15,096	298	XXX
	MICHIGAN									$ XX\rangle$
	MICHIGAN						247,951	246,690	12	
Western Nebraska Bank	MICHIGAN						164,519	11,490		$ XX\rangle$
	MICHIGAN				1			36		1
Westfield Bank FSB					1		110	50		
Woori America Bank	MICHIGAN	03/31/2020						247,332		
Yorktown Bank	MICHIGAN	03/31/2020						34		$ XX\rangle$
0199998 Deposits in										$\overline{}$
allowable limit in any one depos	•		XXX	X X X						XXX
0199999 Totals - Open Deposit	, ,		XXX	X X X				6,264,545	(9,720,264)	
			^ ^ ^	^ ^ ^			44,214,734	0,204,343	(9,720,204)	1 ^ ^ /
0299998 Deposits in	•									
allowable limit in any one depos	, , ,									
depositories	<u></u>	<u></u>	XXX							XXX
0299999 Totals - Suspended D	epositories		XXX	X X X						XXX
0399999 Total Cash On Depos	<u>'</u>		XXX	X X X			44,214,734	6,264,545	(9,720,264)	XXX
0499999 Cash in Company's O			XXX	X X X	. X X X .	XXX			(0,1 =0,=01)	XXX
0599999 Total Cash			XXX	X X X	. AAA.	٨٨٨	44,214,734	6,264,545	(9,720,264)	
וופט וופט וופט ווייייייייייייייייייייייי			\ \ \ \	^ ^ ^			44,2 14,7 34	0,204,343	(3,120,204)	T / / /

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

**Show Investments Owned End of Current Quarter** 

1	2	3	4	5	6	7	8	9
							Amount of	
			Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
Sweep Accoun	ts							
	JP Morgan Chase	DR	03/31/2020	0.000	03/31/2020	170,422,784		249,146
	al - Sweep Accounts					170,422,784		249,146
Exempt Money	Market Mutual Funds - as Identified by SVO							
. 4812C2684 .	US Government Money Market Fund		03/31/2020	0.000	X X X	1,279,248		
8599999 Subtot	al - Exempt Money Market Mutual Funds - as Identified by SVO					1,279,248		
All Other Mone	y Market Mutual Funds							
. 4812A2603 .	JP Morgan Prime Money Market Fund		03/31/2020	0.000	X X X	44,965		
8699999 Subtot	al - All Other Money Market Mutual Funds					44,965		
	Cash Equivalents					171,746,997		249,146

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Unrealized; Q4; Q5

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Earned; Q7

Retrospective; Q2

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